2019

#StayWell Adolescent Well Visit

An ACHIA Asthma Learning Collaborative

January-September 2019

Final Report

January 2020

CONTENTS

Adolescent Well Visit: Why It Matters

An AAP policy statement released December 2019 outlines the unique needs of the adolescent. The report emphasizes that "healthy cognitive, physical, sexual and psychosocial development is both a right and responsibility that must be guaranteed for all adolescents to successfully enter adulthood."[1] While adolescents need to move towards autonomy and adult decision-making, they are likely to be involved in risk-taking behaviors such as the use of alcohol, tobacco, vaping, other drugs and engaging in sex. Unfortunately, adolescents are among those least likely to have access to health care, and they have the lowest rate of primary care use of any age group in the United States. Barriers to preventive care include lack of insurance coverage for adolescent preventive care visits, transportation challenges, limited office hours, and lack of (or perceived lack of) confidentiality. American Academy of Pediatrics guidelines for quality adolescent health care include annual preventive visits, screening, and counseling to promote healthy behaviors and prevent risky behaviors , the provision of confidential care, and transitioning to adult care.

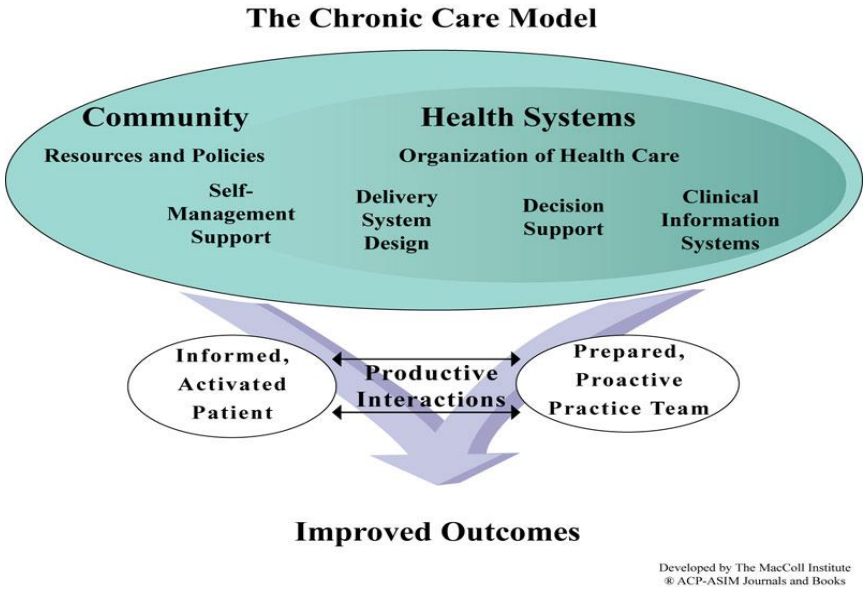
[1] Alderman EM, Breuner CC, AAP COMMITTEE ON ADOLESCENCE. Unique Needs of the Adolescent. Pediatrics. 2019;144(6):e20193150

Collaborative Format

ACHIA Collaboratives use three tightly linked and highly successful frameworks: the IHI Breakthrough Series Collaborative Learning Model, the Chronic Care Model, and the Model for Improvement.

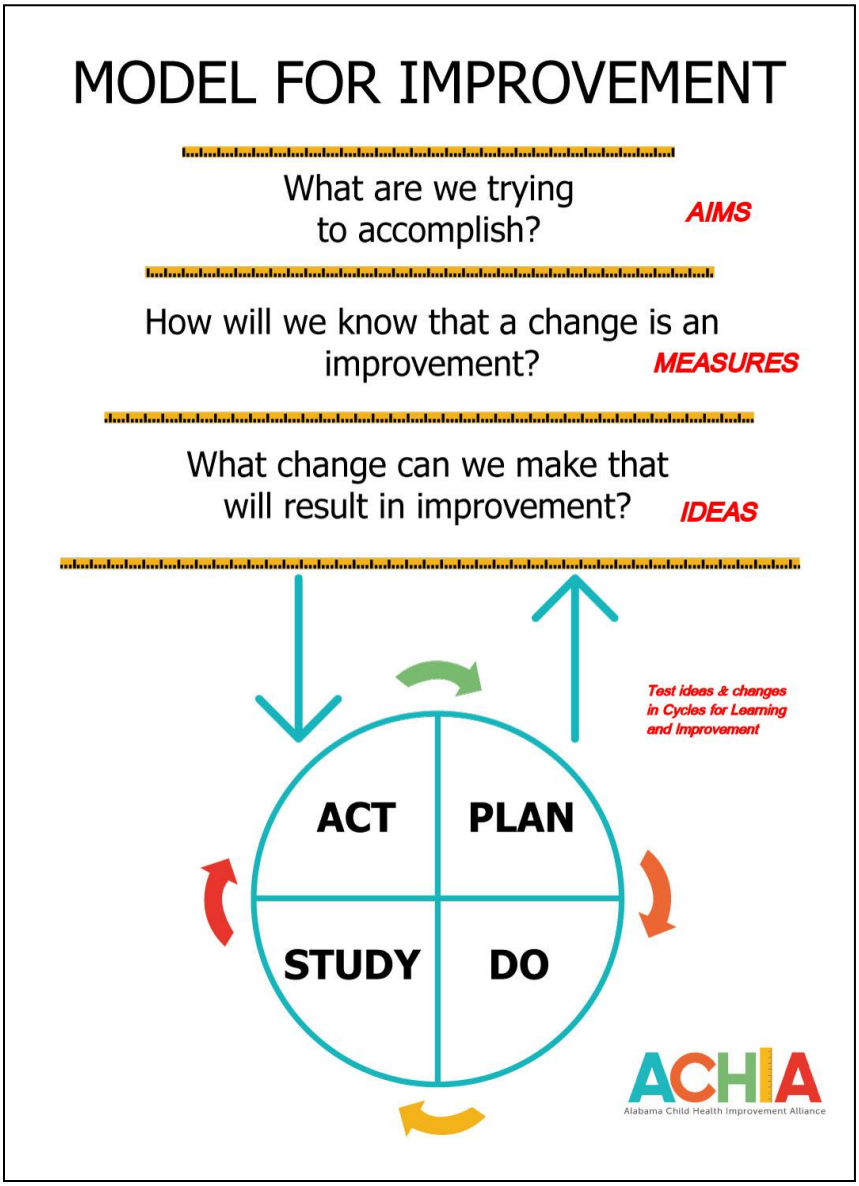
1. The IHI Breakthrough Series Collaborative Learning Model –The collaborative learning model is based on the Institute for Healthcare Improvement's (IHI) Breakthrough Series. The model is designed to create a learning laboratory for practices to test and implement changes using the methods and approaches outlined in this section. In the Adolescent Well Visit learning collaborative, practice QI Core Team members voluntarily participate in monthly webinars over a nine-month period. Practice QI Core Teams identify approaches, tools, and resources to implement small tests of change with guidance from improvement faculty. Beyond guidance from experts, we have found that many practices learn the most from one another. Hearing what a similar practice has tested and learning what works (and what does not work), are repeatedly reported to be the most valuable part of the collaborative. During "action periods," the time in between practice calls and webinars, learning collaborative participants analyze their progress by reviewing their data with input from improvement faculty. Monthly practice calls/webinars develop strategies to overcome barriers to making changes based on what their practice and other practices are facing as they develop and implement tests of change. Because the learning collaborative is dynamic, topics and assignments currently listed on the syllabus may be revised to meet participant needs.

2. The Chronic Care Model – The Chronic Care Model, developed by Ed Wagner of the MacColl Center for Healthcare Innovation, identifies the essential elements of a health care system that encourages high quality child health care. These elements are outlined in the visual below: the community, the health system, self-management support, delivery system design, decision support, and clinical information systems Many of the chronic care components are similar to those required to be a Patient Centered Medical Home. The practice key driver diagram is based on Wagner's Chronic Care Model.



3. **The Model for Improvement (MFI)** – Building multiple, planned *tests of change* with Plan-Do-Study-Act cycles allow learning to be captured in small increments. This approach reduces the risk of lengthy planning periods and lost time and effort. The MFI is based on the three questions stated below. The circle describes the iterative cycles that *Practice QI Core Team* go through to identify whether a test is worth acting on a larger scale.

The MFI is at the core of practice work. More information about the Model for Improvement developed by Associates in Process Improvement is available at
http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx



Shift Happens

Quality Improvement science states that a change in practice processes is statistically likely to have occurred if improvements are measurably above (or below) the baseline level for 6 measurement periods. This concept is known as "Shift."

The collaborative consists of an orientation month, a baseline data month, six intervention months, and a wrap up session. To reach shift, practices continue to collect and analyze data on a monthly basis until at least six intervals are at the practice's goal.

Shared Decision Making

ACHIA is committed to integrating the patient voice into all clinic processes. Practices conduct PDSAs to expand the role of the patient in clinic processes. We meet practices where they and support ranging from conducting patient surveys, to soliciting input from teens touring the facility, to developing Youth Advisory Boards.

QI Training

ACHIA uses the flipped classroom approach to initiate the QI training. Participants viewed videos that outline the Model for Improvement with real-life examples. These videos offer Continuing Medical Education for physicians and nurses on the ACHIA website. This didactic learning is followed by an interactive site visit in which practices develop their own communication plans, specific aim statements, data collection plan, process map, change ideas and first PDSA cycle.

Deeper learning regarding each of these tools is encouraged during the collaborative as practices are encouraged to update and share their work. One tool is emphasized each month. A few tools which focus on sustainability (ex: timelines, reliability concepts) are added at the end of the collaborative. The data collection platform, QIDA, is provided by the AAP. Data entry and run chart creation is offered for 3 years post-collaborative. Its use is also encouraged as a sustainability tool as the collaborative reaches culmination.

Education

ACHIA believes that education is best when provided by state content experts. This allows practices to not only learn the material but also develop relationships between practices and referral centers. ACHIA developed online CME learning modules to close the gap between "science and service," focusing on what the physicians will actually do in their offices to bring about meaningful changes in their clinical practice. Clinical experts from the University of Alabama at Birmingham and the University of South Alabama served as faculty for the following modules:

- "#StayWell: The Adolescent Preventive Care Visit"
- "The Adolescent-Friendly Office"
- "Confidentiality and Consent: The Teen's Role in His/Her Care"
- "Healthy Screening, Eating and Living Active for Adolescents"
- "Adolescent Immunizations"
- "Screening for Depression at the Adolescent Well Visit"
- "Adolescent Substance Use Screening and Intervention: Practical tips for the Provider"
- "LARC for the General Pediatrician"
- "Providing Quality Care to LGBTQIA patients in a Pediatric Setting"
- "Quality Improvement – Basics and Advanced"

These CME modules are available on the ACHIA website for three years and are available through the Alabama Department of Public Health for all ADPH staff.

Alabama Expert Faculty

- Nola Ernest, MD, MPH, FAAP, Physician Champion - Pediatrician, Dothan Pediatric Healthcare Network - Enterprise Pediatric Clinic
- Tina Simpson, MD, MPH, FAAP, University of Alabama at Birmingham, Department of Pediatrics, Adolescent Medicine
- Daniel Preudhomme, M.D., FAAP, CNS, University of South Alabama, Pediatric Gastroenterology Hepatology and Nutrition, Director of the Pediatric Healthy Life Center
- Stephenie Wallace, MD, FAAP, University of Alabama at Birmingham, Department of Pediatrics, Adolescent Medicine
- LaDonna Crews , MD, FAAP, University of South Alabama, Department of Pediatrics
- E. Cason Benton, MD, FAAP, University of Alabama at Birmingham, Department of Pediatrics, General Pediatrics
- Rebekah Savage, MD, FAAP, University of Alabama at Birmingham, Department of Pediatrics, Adolescent Medicine
- Samantha Hill, MD, FAAP, University of Alabama at Birmingham, Department of Pediatrics, Adolescent Medicine
- Lynzee Head, DO, University of Alabama at Birmingham, Department of Pediatrics, Adolescent Medicine
- LaCrecia Thomas, RN, MSN, CPNP-AC/PC, CF Nurse Practitioner, CF Learning Network Quality Improvement Consultant. UAB/COA Cystic Fibrosis Center, Children's of Alabama
- Staci Self, LICSW Quality Improvement Coach, CF Newborn Screening Coordinator, CF Social Worker, UAB/COA Cystic Fibrosis Center
- Susan Colburn, Family Advisor, Family Voices of Alabama, CRS Family Engagement Advisor

Incentive and Requirement Alignment

ACHIA collaboratives align as many practices and providers requirements as possible. This collaborative provided:

- Continuing Medical Education and Continuing Education Units for providers and nurses which is required for State License
- Maintenance of Certification Part 4 for the American Board of Pediatrics which is required for the American Board of Pediatrics
- Alignment with several payor incentives to
    - increase adolescent visits
    - increase adolescent vaccines
    - become or re-certify as a Patient Centered Medical Home.

Community Partners

ACHIA partnered with three organizations to enhance the learning experience for pediatricians participating in this Adolescent Well Visit collaborative.

The Alabama Children's Rehabilitation Services (CRS) is a statewide organization of skilled professionals providing quality medical, rehabilitative, coordination, and educational support services for children with special health care needs and their families. CRS provided direct funding and developed Transition Packets for our 27 practice sites. CRS regional care coordinators called on our practices to deliver Transition Packets which were used to create a positive workflow for practices not yet engaged in transition planning for their adolescents.

The UAB Leadership Education in Adolescent Health Program (LEAH) is committed to improving the health status of adolescents, particularly those in the southeastern region of the U.S. through its interdisciplinary leadership education of adolescent health professionals in a model center of excellence in training, research, and service that is adolescent-centered/family-involved, culturally competent and community-based. Housed in the Division of Adolescent Medicine, LEAH staff aided in curriculum development, presented content material on monthly webinars, and video recorded several learning segments on the Bright Futures adolescent well visit. Through LEAH, all CME videos were made available on the Alabama Department of Public Health educational platform. LEAH donated backpacks filled with information resources and promotional items for practices and developed the collaborative logo and PowerPoint templates.

The Alabama Chapter-AAP and LEAH collaborated to develop Teen Well Visit flyers for distribution to Alabama school students. These flyers highlighted the importance of well teen visits. The AL Chapter-AAP also assists in procuring grants for all ACHIA projects. To lean into the social media arena, ACHIA contracted with the Chapter's Development and Communications Coordinator to set up a project specific Slack URL, content for newsletters, project YouTube site, and material for the ACHIA project website.

Project Support

Funding or in-kind support was provided by Children's of Alabama, The Caring Foundation, Alabama Medicaid, the University of Alabama at Birmingham Department of Pediatrics, and the Alabama Chapter-American Academy of Pediatrics. This support allows practices to participate without additional charges outside of time dedicated to participation.

#StayWell Goals, Aims, Key Drivers and Measures

Practice Aims and Measures

Our global aim was to empower adolescents to be actively engaged in their preventative health care and equip them with the knowledge and skills for a healthy transition to adulthood. Measurable goals to increase the attendance at and the quality of adolescent well-child visits (WCV) included:

- Maintaining and improving attendance at adolescent preventative well-child visits by 10 percent
- Increasing review of the practice confidentiality policy at the adolescent well visit to 80 percent

During the collaborative, a Transition Process Measurement Tool (www.gottransition.org) was introduced for practices to begin to improve approaches to transition adolescents from pediatric to adult care. The six essential components of transition include: Transition Policy, Transition Tracking and Monitoring, Transition Readiness, Transition Planning, Transfer of Care, and Transfer Completion. Measurement in this collaborative focused on establishing a transition policy.

Practices also tracked self-selected optional measures around adolescent well-child components to a recommended 80 percent: adolescent vaccines, obesity, HIV screening, reproductive health, depression screening, tobacco and alcohol use, and birth control. After reliably implementing interventions to increase adolescent well-child visits, practices were encouraged to continue to improve care beyond the collaborative time frame by tracking measures, which are available in the collaborative database through 2022.

Key Drivers and Potential Interventions

Improve Office/Reminder Recall System

- Establish data system to identify adolescent patients
- Recall teens behind in WV or vaccines
- Enhance Reminder Systems
  - Implement testing – patients and caregivers
  - Utilize annual reminder mailers (emails, patient portals, birthday cards)
  - Interact with patients and families through charting portal
- Utilize social networking
  - Interact regularly through Facebook, Twitter, Mobile Applications, and Practice website

Encourage Teen-Centered Care

- Involve parents/families in quality improvement and workflow design
- Educate staff about practice confidentiality policy
- Develop scripts and practice difficult conversations with staff
- Inform adolescents about rights to confidentiality
- Discuss confidentiality policies with parents present
- Implement transition policy to adult care
- Provide age appropriate material suited to the needs of the adolescent population
- Create an adolescent-friendly waiting area and exam rooms
- Foster a trusting relationship with the adolescent population
- Link teens to community resources

Leverage Missed Opportunities

- Use acute care to increase WV completion
  - Convert minor illness to WV when possible
  - Use chart flags/alerts to remind patients to schedule WV before leaving the office

- Use and convert sports physicals to WVs

Raise Awareness of Importance of Adolescent Well Visit at the Patient Centered Medical Home

- Describe the difference between sports physicals and the WV
    - WCV = sports physical + comprehensive care
        - Sports physical = clearance for sports
- Promote protocols for additional components of the WV
    - Academic and personal development to prepare for college and beyond
    - Mental health surveillance and treatment when appropriate
    - Risk reduction regarding nutrition and weight management, safe driving, smoking and drug/alcohol avoidance, reproductive health

Develop Sustainability Plan for Optimal Adolescent Well Visit Care

- Select and customize evidence-based protocols for office
- Determine staff workflow to support protocols, including standing orders
- Use protocols with all patients
- Maintain protocols and update as needed
- Revise job descriptions and evaluations to support protocols

Results

Participating Practices

Participating Practices: Adolescent Health Center, Charles Henderson Child Health Center, Dothan Pediatric Clinic, Enterprise Pediatric Clinic, Eufaula Pediatric Clinic Fairhope Pediatrics, Inc., Fort Payne Pediatrics, LLC, Infants' and Children's Clinic, P.C., Liberty Mountain Pediatrics, Mayfair Medical Group, Mobile Pediatric Clinic, Ozark Pediatric Clinic, Partners in Pediatrics, Pediatrics Plus, Pediatrics West Bessemer, Pediatrics West McAdory, Pell City Pediatrics, Physicians to Children, Primary Care Pediatrics and Family Medicine, P.C., Purohit Pediatric Birmingham Clinic, Purohit Pediatric Anniston Clinic, Purohit Pediatric Moody Clinic, Purohit Pediatric Roanoke Clinic, Sylacauga Pediatrics, UAB Pediatric Primary Care Clinic, Vestavia Pediatrics, and West Alabama Pediatrics.

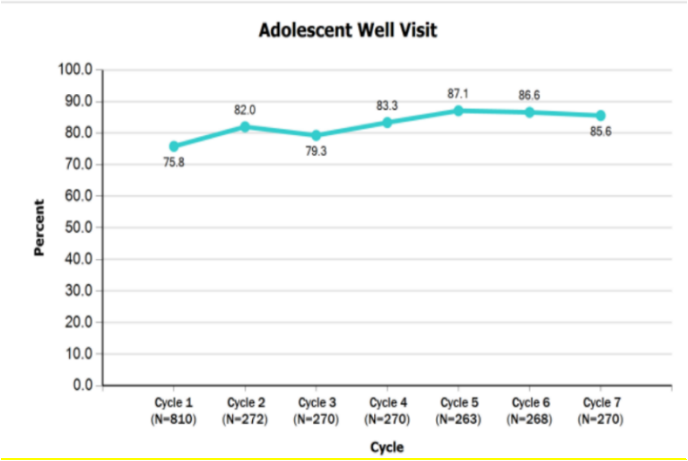
Practice Demographics

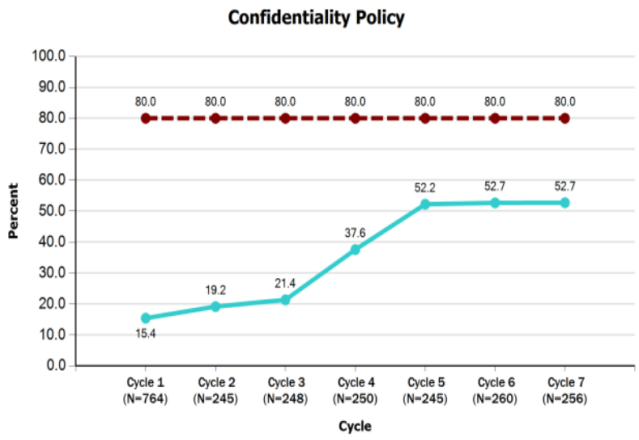
This project had a record number of pediatricians: 96 pediatricians representing 27 practice sites across Alabama. In addition to the pediatricians, 36 nursing/clinical staff and 46 administrative/support staff also participated. Of the practices, 43.33% self-identified as a small practice (1 – 3 physicians), 36.67% as Medium (4-6 physicians), while 20.0% identified as a Large practice (≥ 7 physicians). Looking at where the practices were located in the state: 20% identified in Rural, 23.3% in urban settings , and 56.67% considered themselves in a suburban setting. Through self-report, practices had an annual total of 73,646 patient visits attributed to children and adolescents (ages 11 – 18); while reported 400,541 patients ages 0 – 18 for annual visits. Practices reported that 56.6% of patients were Medicaid eligible.

Considering PCMH recognition, our practices identified as:

- 50% Yes
- 23.5% No, but are currently in application process
- 16.7% No, but plan to start process within the year
- 20.8% No

Practice Data Highlights





Data Interpretation

Practices increased adolescents in their office who were up-to-date on annual well visits by 10% over the course of the collaborative. Most common effective interventions included:

- Improving Reminder process- such as instituting text reminders.
- Improving Recall process- using electronic records to connect with adolescents behind on preventive visits.
- Incentivizing adolescent visits – with gift card drawings and Apple watch giveaways.

Review of the consent/confidentiality process increased from 16.4% of patient visits to 52.7% of patient visits. The most common barrier was a lengthy process of review by legal teams and practice administration boards for the larger practices to establish a policy. The next most common barrier was identifying the best age to introduce the policy to families. Follow-up conversations indicate that the practices that were not using a consent/confidentially policy when the collaborative ended are now doing so with all preventive adolescent visits

Adolescent Transition Data Results

Transition from pediatric to adult care has a road map where Six Core Elements are measured:

- Transition Policy
- Transition Tracking and Monitoring 'Transition Readiness
- Transition Planning
- Transfer of Care
- Transfer Completion

https://www.gottransition.org/providers/index.cfm

The #StayWell collaborative focused on the first Core Element: transition policy. At baseline, 4% of practices had a policy, and by the end 72% had developed a transition policy.

Transition

1. Transition Policy	February 2019	August 2019
Developed a written transition policy/statement that describes the practice's approach to transition	1/25 (4%)	18/25 (72%)
Included information about privacy and consent at age 19 in transition policy/statement	1/25 (4%)	17/25 (68%)
Educated staff about transition policy/statement and their role in transition process	0/25 (0%)	13/25 (52%)

Post Collaborative Practice Survey Highlights

In Winter 2019, the UAB SOPH conducted a post-survey of practices that participated in the #StayWell Adolescent Well Visit Learning Collaborative. A survey was distributed to the 27 practices that participated in the Adolescent Well Visit Learning Collaborative; all 27 participating practices responded. Highlights include:

- Practices were asked what data they would contiue to track as a sustainability measure: 24 consent and conficentiality, 23 adolescent depression screening, 21 adolecent immunizations, 21 BMI, 18 Transiton of care, 16 Tobacco/Vape Use and Exposure
- Fifteen practices will contiue to collect data and improve adolescent vaccine delivery
- Postive comments for the onsite coaching visit indicated: the practice was able to direct their plan of action, motivated the team, and the practice received advice on using the QI Tools and advance QI techniques
- Twenty-five practices viewed the well visit collaborative as positively impacting their ability to deliver quality care in other areas. One noted overall work is somewhat less effective
- Practices reported improvement in all areas of the collaborative with the greatest gains in establishing and communicating the practice consent and confidentiality policy (2.85). Including parent/patient voices in office processes scored lowest (1.81), which represents an opportunity for growth in future learning collaboratives.
- Seven of the practices plan to use this project in the next year as part of their Patient Centered Medical Home (PCMH) certification process
- Fifteen practices used the Transition Packets provided by the Children's Rehabilitation Services (our partner); while 8 practices developed an alternate transition tool as a result participating in this project
- Practices reported a high level of agreement with statements regarding their participation in the #StayWell Adolescent Well Visit Learning Collaborative.
- Respondent comments regarding the most beneficial aspect of the learning collaborative include:
    - Confidentiality policy (12)
    - Improving adolescent care (5)
    - Sharing resources with colleagues (3)
    - Establishing transition policy (3)

- Respondent comments regarding the least beneficial aspect of the learning collaborative include:
    - Time consuming (4)
    - Use of the Slack platform for sharing ideas (3)
    - Too many objectives (3)

- When looking at the overall adolescent well visit improvement effort of our practices based on the Institute for Healthcare Improvement Scale, seventeen (17) noted outstanding and sustainable results or significant progress and real improvements vs. nine (9) identifying modest improvements.

Lessons Learned

Key take-away insights from our practices in the #StayWell Visit Learning Collaborative include:

- Developing a confidentiality policy that is patient-friendly and useful to guide discussions is not easy. It takes input from providers and staff as well as feedback from patients and families.
- Consent and confidentiality is more about a conversation over time rather than just a policy
- It can be hard to encourage and navigate solo visits, but they are essential to having productive conversations
- It takes a village to increase effective adolescent well visits. Every practice contact – from scheduling to billing- needs a robust understanding of best ways to work with teens. Parents and schools are important partners as well.
- Partnering with families at a young age is important to lay the groundwork for future confidentiality/solo visits.
- Practices were able to implement depression screening for our adolescent well visits. One commented: "We have never done this before, and everyone is happy!"
- Our practice that focused on developing a transition policy and improving transition readiness among our patients reported, "We have had great conversations on the importance of smooth transition of our adolescents to adult care, and it has led to many ideas and more QI projects for future."

Appendices

360

Key Driver

ACHIA PDSA

Barriers to Collaborative Goals

Timeline

Post Collaborative Survey Results

Project 360

#StayWell Adolescent Well Visit Learning Collaborative

ACHIA Alabama Child Health Improvement Alliance

Most adolescent morbidity and mortality is attributable to preventable risk factors, yet teens have the lowest rate of primary care use of any age group in the United States. Adolescents have unique health care needs that are not always addressed as well as face barriers to obtaining needed health care, including lack of (or perceived lack of) confidentiality. AAP quality adolescent health care guidelines include screening and counseling to promote healthy behaviors and prevent risky behaviors; the provision of confidential care; and enhancing the transition process to adult care.

January – September 2019

For the #StayWell: an Adolescent Well Visit Learning Collaborative, state content experts reviewed adolescent-specific Bright Future guidelines to increase and improve adolescent well visits through 11 online CME modules.

Project Goals:
The #Stay Well: an Adolescent Well Visit Learning Collaborative focused on practice QI skills, adherence to recommended adolescent care, and shared decision-making for effective ways to engage adolescents. The practice changes (interventions) are aligned around the following key drivers:

- Improve office reminder systems and outreach
- Incentivize participation
- Encourage teen-centered care
- Leverage missed opportunities
- Raise awareness of the importance of the adolescent well-child visit (WCV)

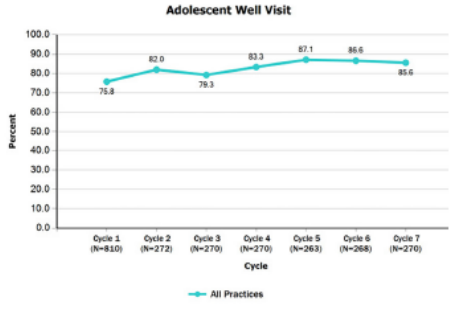
Project Aim:
#StayWell practices implemented specific Bright Futures guidelines to achieve measurable improvements to increase the attendance at and the quality of WCVs by:

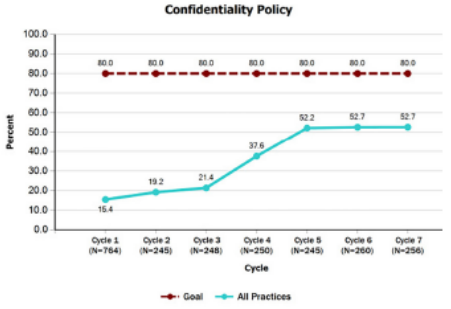
- Increasing attendance at adolescent preventative well-child visits by 10% above baseline
- Reviewing practice confidentially policy at 80% of adolescent well visits
- Tracking transition to adult care process

Practices also had available content CME modules to track optional measures centered around:

- Adolescent vaccines
- Body Mass Index assessment
- HIV, GC and Chlamydia screening
- Depression screening
- Tobacco use and exposure
- Alcohol use, marijuana/illicit drug use screening
- Birth control counseling
- Risk behavior screening

RESULTS





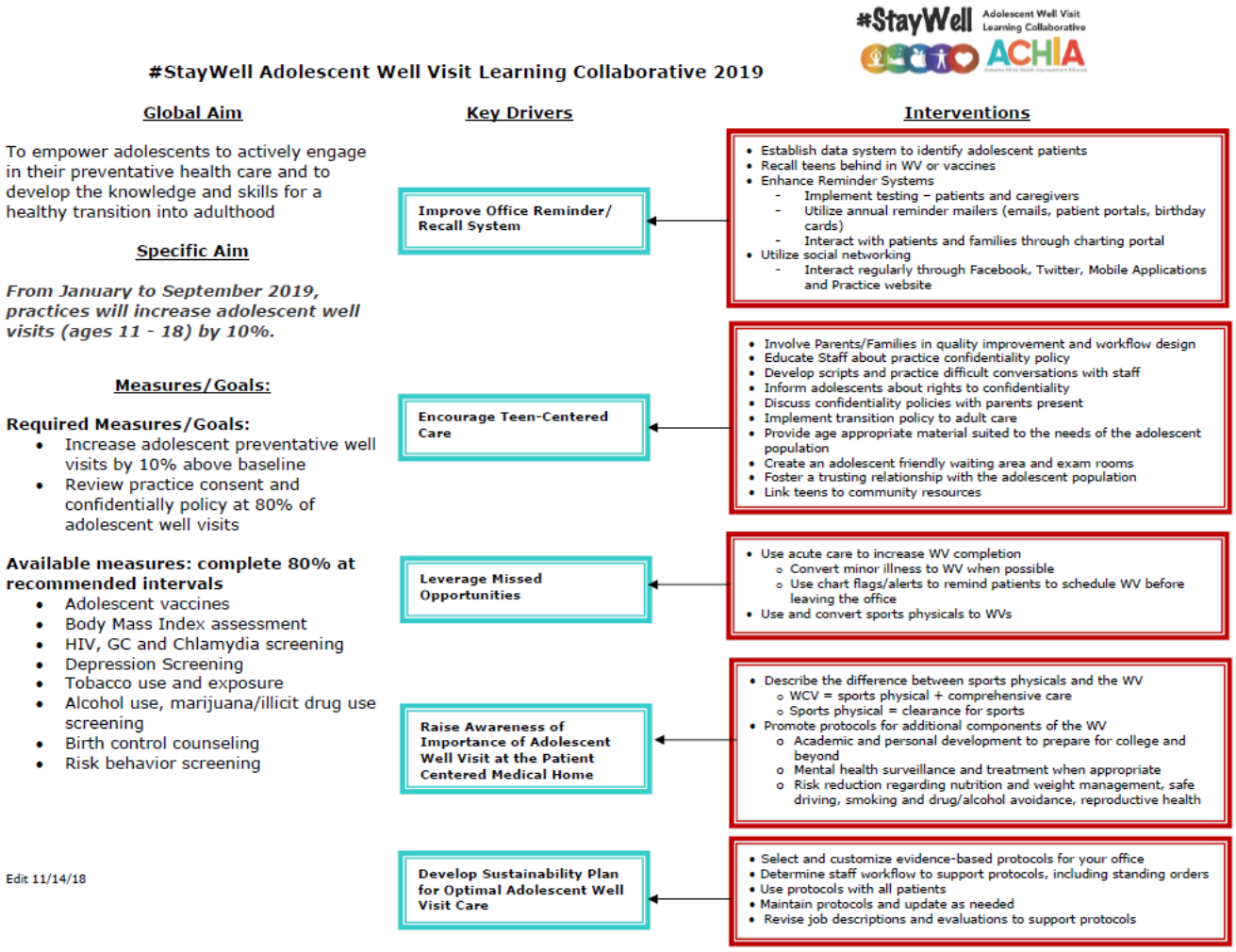
LESSONS LEARNED

- Developing a confidentiality policy that is patient-friendly and useful to guide discussions is not easy. It takes input from providers and staff as well as feedback from patients and families.
- Consent and confidentiality is more about a conversation over time rather than just a policy.
- It can be hard to encourage and navigate solo visits, but they are essential to having these conversations.
- It takes a village to increase adolescent well visits. Practice staff, partnering with community (schools), maximizing electronic resources for reminder calls/texts, flags in EMR, etc.
- Partnering with families at a young age is important to lay the groundwork for confidentiality/solo visits.

Participants	Project Partners	Project Support
27 practices from across Alabama with 178 total staff: • 96 physicians • 36 nursing/clinical • 46 administrative/support	• Alabama Department of Public Health - Family and Children's Bureau • Alabama's Children Rehabilitation Services - Family Voices of Alabama • Alabama Chapter - American Academy of Pediatrics • LEAH	• Children's of Alabama • University of Alabama - Department of Pediatrics • The Caring Foundation • Alabama Medicaid Agency • Alabama Department of Public Health
Practice panels annually have the following: • 73,646 well visits 11-18 years old • 400,541 total visits age birth-18 years		
55.6% of participating patients have Medicaid		

Participating Practices: Adolescent Health Center, Charles Henderson Child Health Center, Dothan Pediatric Clinic, Enterprise Pediatric Clinic, Eufaula Pediatric Clinic, Fairhope Pediatrics, Inc., Fort Payne Pediatrics, LLC, Infants' and Children's Clinic, P.C., Liberty Mountain Pediatrics, Mayfair Medical Group, Mobile Pediatric Clinic, Ozark Pediatric Clinic, Partners in Pediatrics, Pediatrics Plus, Pediatrics West Bessemer, Pediatrics West McAdory, Pell City Pediatrics, Physicians to Children, Primary Care Pediatrics and Family Medicine, P.C., Purohit Pediatric Birmingham Clinic, Purohit Pediatric Anniston Clinic, Purohit PediatricMoody Clinic, Purohit Pediatric Roanoke Clinic, Sylacauga Pediatrics, UAB Pediatric Primary Care Clinic, Vestavia Pediatrics, and West Alabama Pediatrics.

Key Driver


#StayWell Adolescent Well Visit Learning Collaborative
ACHIA
#StayWell Adolescent Well Visit Learning Collaborative 2019
Global Aim
To empower adolescents to actively engage in their preventative health care and to develop the knowledge and skills for a healthy transition into adulthood
Specific Aim
From January to September 2019, practices will increase adolescent well visits (ages 11 - 18) by 10%.
Measures/Goals:
Required Measures/Goals:
Increase adolescent preventative well visits by 10% above baseline
Review practice consent and confidentially policy at 80% of adolescent well visits
Available measures: complete 80% at recommended intervals
Adolescent vaccines
Body Mass Index assessment
HIV, GC and Chlamydia screening
Depression Screening
Tobacco use and exposure
Alcohol use, marijuana/illicit drug use screening
Birth control counseling
Risk behavior screening
Edit 11/14/18
Key Drivers
Improve Office Reminder/ Recall System
Encourage Teen-Centered Care
Leverage Missed Opportunities
Raise Awareness of Importance of Adolescent Well Visit at the Patient Centered Medical Home
Develop Sustainability Plan for Optimal Adolescent Well Visit Care
Interventions
Establish data system to identify adolescent patients
Recall teens behind in WV or vaccines
Enhance Reminder Systems
Implement testing – patients and caregivers
Utilize annual reminder mailers (emails, patient portals, birthday cards)
Interact with patients and families through charting portal
Utilize social networking
Interact regularly through Facebook, Twitter, Mobile Applications and Practice website
Involve Parents/Families in quality improvement and workflow design
Educate Staff about practice confidentiality policy
Develop scripts and practice difficult conversations with staff
Inform adolescents about rights to confidentiality
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Foster a trusting relationship with the adolescent population
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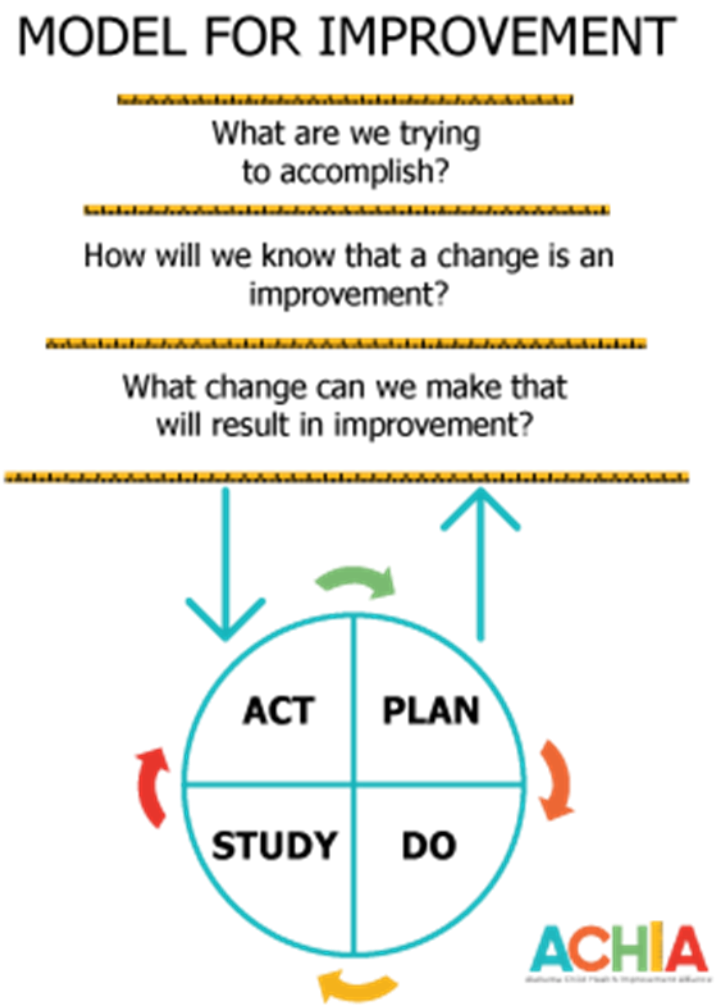
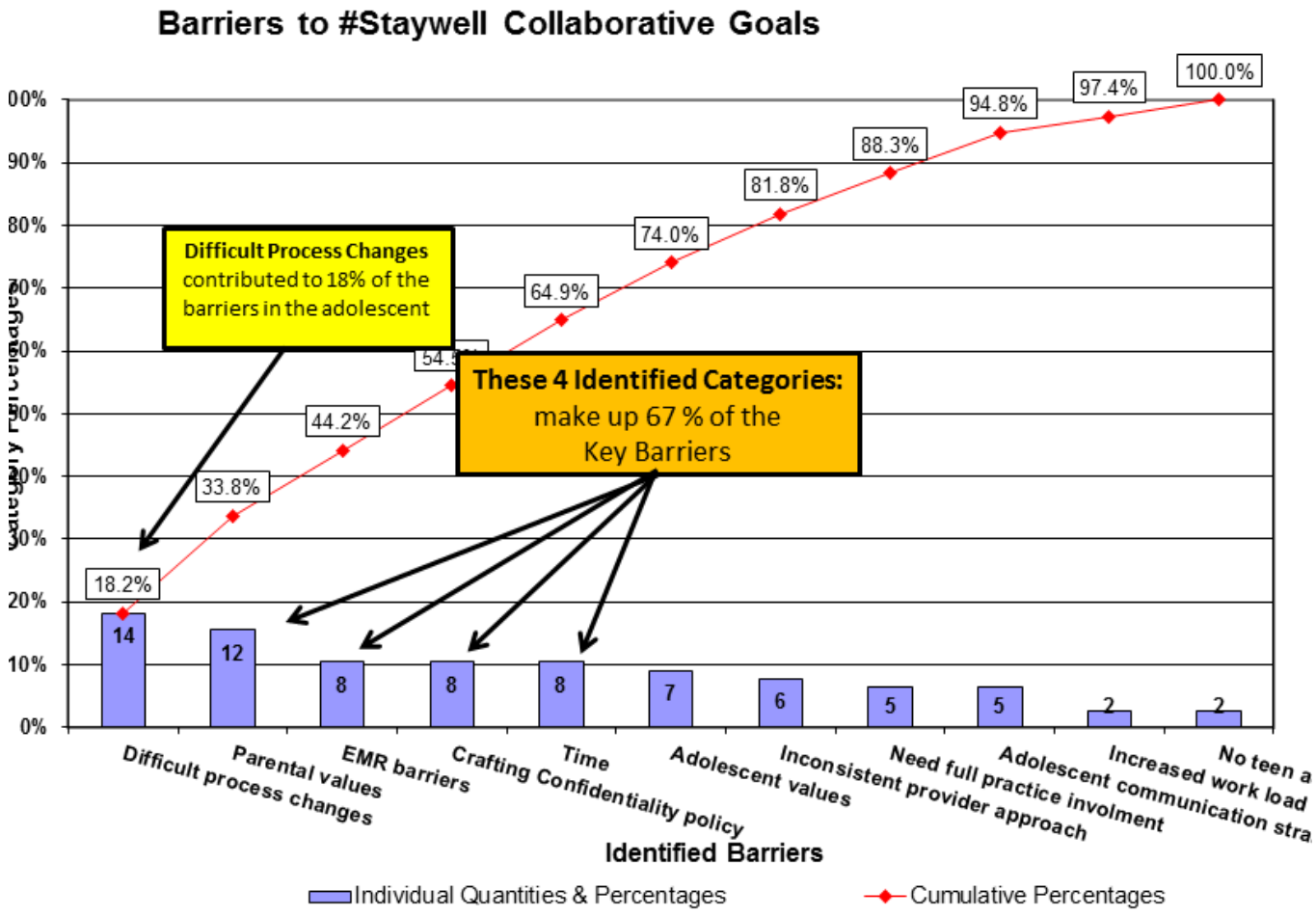
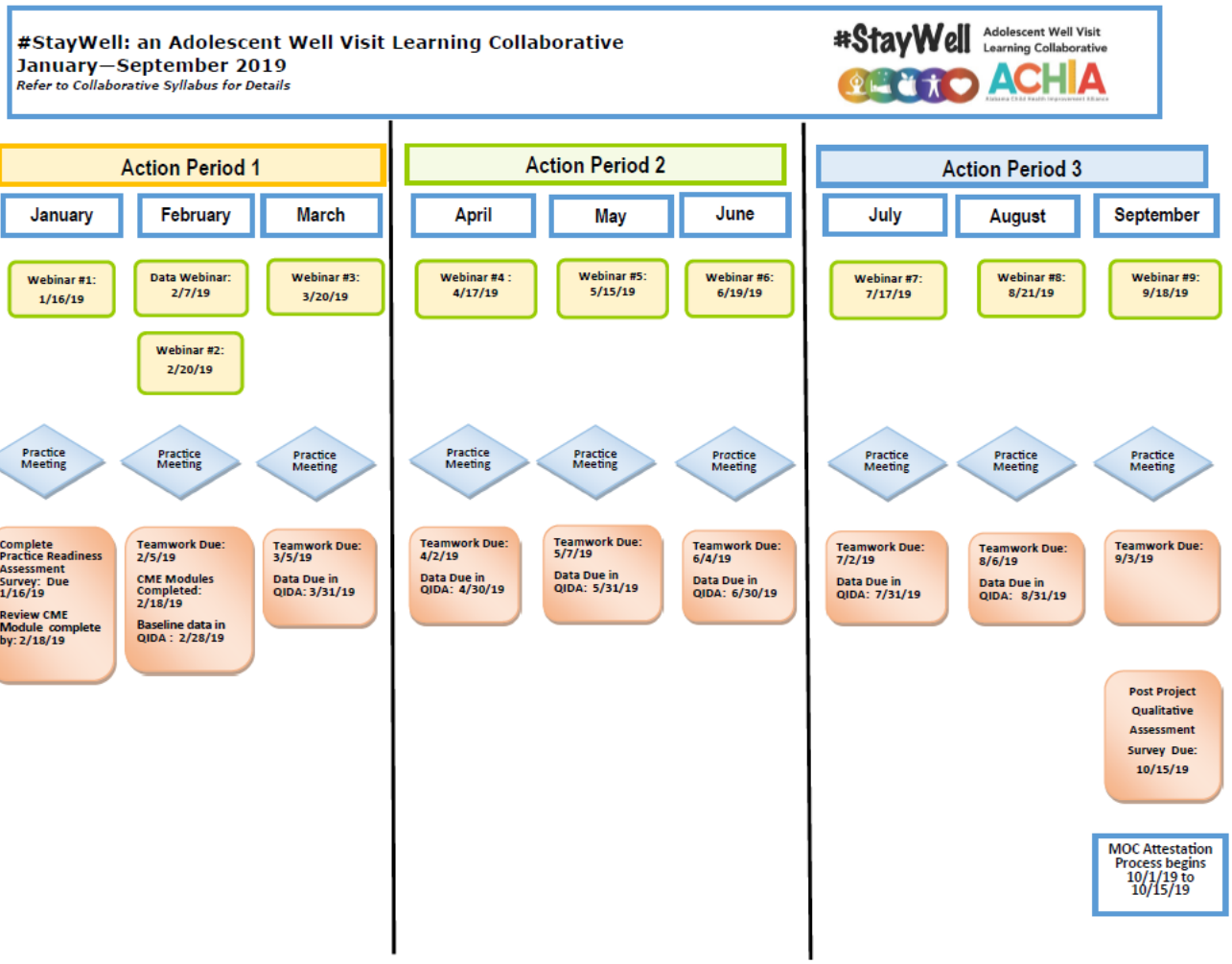
Promote protocols for additional components of the WV
Academic and personal development to prepare for college and beyond
Mental health surveillance and treatment when appropriate
Risk reduction regarding nutrition and weight management, safe driving, smoking and drug/alcohol avoidance, reproductive health
Select and customize evidence-based protocols for your office
Determine staff workflow to support protocols, including standing orders
Use protocols with all patients
Maintain protocols and update as needed
Revise job descriptions and evaluations to support protocols

ACHIA PDSA


MODEL FOR IMPROVEMENT
What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?
ACT
PLAN
STUDY
DO
ACHIA


Barriers to #Staywell Collaborative Goals
Difficult Process Changes contributed to 18% of the barriers in the adolescent
These 4 Identified Categories: make up 67 % of the Key Barriers
18.2%
33.8%
44.2%
64.9%
74.0%
81.8%
88.3%
94.8%
97.4%
100.0%
14
12
8
8
8
7
6
5
5
2
2
Difficult process changes
Parental values
EMR barriers
Crafting Confidentiality policy
Time
Adolescent values
Inconsistent provider approach
Need full practice involment
Adolescent communication stra
Increased work load
No teen a
Identified Barriers
Individual Quantities & Percentages
Cumulative Percentages

Timeline


#StayWell: an Adolescent Well Visit Learning Collaborative
January—September 2019
Refer to Collaborative Syllabus for Details
#StayWell Adolescent Well Visit Learning Collaborative
ACHIA
Action Period 1
Action Period 2
Action Period 3
January
February
March
April
May
June
July
August
September
Webinar #1: 1/16/19
Data Webinar: 2/7/19
Webinar #2: 2/20/19
Webinar #3: 3/20/19
Webinar #4 : 4/17/19
Webinar #5: 5/15/19
Webinar #6: 6/19/19
Webinar #7: 7/17/19
Webinar #8: 8/21/19
Webinar #9: 9/18/19
Practice Meeting
Practice Meeting
Practice Meeting
Practice Meeting
Practice Meeting
Practice Meeting
Practice Meeting
Practice Meeting
Practice Meeting
Complete Practice Readiness Assessment Survey: Due 1/16/19
Review CME Module complete by: 2/18/19
Teamwork Due: 2/5/19
CME Modules Completed: 2/18/19
Baseline data in QIDA : 2/28/19
Teamwork Due: 3/5/19
Data Due in QIDA: 3/31/19
Teamwork Due: 4/2/19
Data Due in QIDA: 4/30/19
Teamwork Due: 5/7/19
Data Due in QIDA: 5/31/19
Teamwork Due: 6/4/19
Data Due in QIDA: 6/30/19
Teamwork Due: 7/2/19
Data Due in QIDA: 7/31/19
Teamwork Due: 8/6/19
Data Due in QIDA: 8/31/19
Teamwork Due: 9/3/19
Post Project Qualitative Assessment Survey Due: 10/15/19
MOC Attestation Process begins 10/1/19 to 10/15/19

Post-Collaborative Survey Results

In 2019, the UAB SOPH conducted a post-survey of practices that participated in the 2019 #StayWell Adolescent Well Visit Learning Collaborative. The following report represents a composite of responses across practices.

Sample

27 Respondents (Practices)

A survey was distributed to the 27 practices that participated in the ACHIA #StayWell Adolescent Well Visit Learning Collaborative; all 27 participating practices responded including:

Adolescent Health Center	Pediatrics West Bessemer
Charles Henderson Child Medical Center	Pediatrics West McAdory
Dothan Pediatric Clinic	Pell City Pediatrics
Enterprise Pediatric Clinic	Physicians to Children
Eufaula Pediatric Clinic	Primary Care Pediatrics and Family Medicine, P.C.
Fairhope Pediatrics, Inc.	Purohit Pediatric Birmingham Clinic
Fort Payne Pediatrics, LLC	Purohit Pediatric Anniston Clinic
Infants' and Children's Clinic, P.C.	Purohit Pediatric Roanoke Clinic
Liberty Mountain Pediatrics	Sylacauga Pediatrics
Mayfair Medical Group	UAB Pediatric Primary Care Clinic
Mobile Pediatric Clinic	Vestavia Pediatrics
Ozark Pediatric Clinic	West Alabama Pediatrics
Pediatrics Plus	

The survey was comprised of the following six sections:

- #StayWell Content
- Future Adolescent QI Plans
- Quality Improvement
- Community Partners
- Collaborative Format
- Overall Impact

#StayWell Content

Q. Please rate the level of improvement your practice experienced in the following areas based on your participation in this learning collaborative.

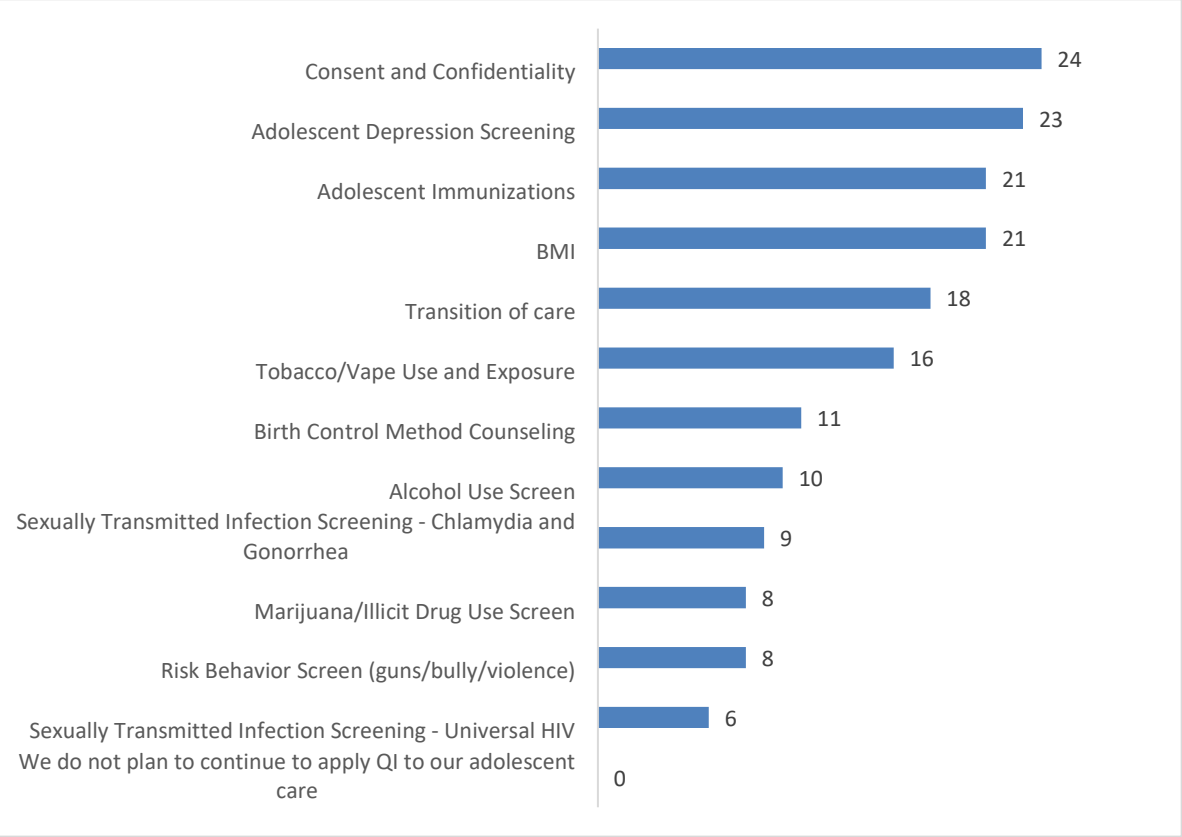
Response options:
1=No improvement
2=Somewhat improved
3=Significantly improved
NA=Had high performance levels prior to collaborative that could not be improved

Statements	Mean	SD	Count
Improving the youth friendliness of office	2.52	0.50	25
Communicating importance of PCMH to adolescents and families	2.42	0.57	26
Establishing/enhancing reminder/recall system	2.42	0.64	24
Leveraging missed opportunities to increase the adolescent well visit rate	2.38	0.56	26
Incorporating social media	2.05	0.92	20
Establishing and communicating the practice consent and confidentiality policy	2.85	0.36	26
Establishing and communicating a transition policy	2.50	0.69	26
Including parent/patient voices in office processes	1.81	0.56	26

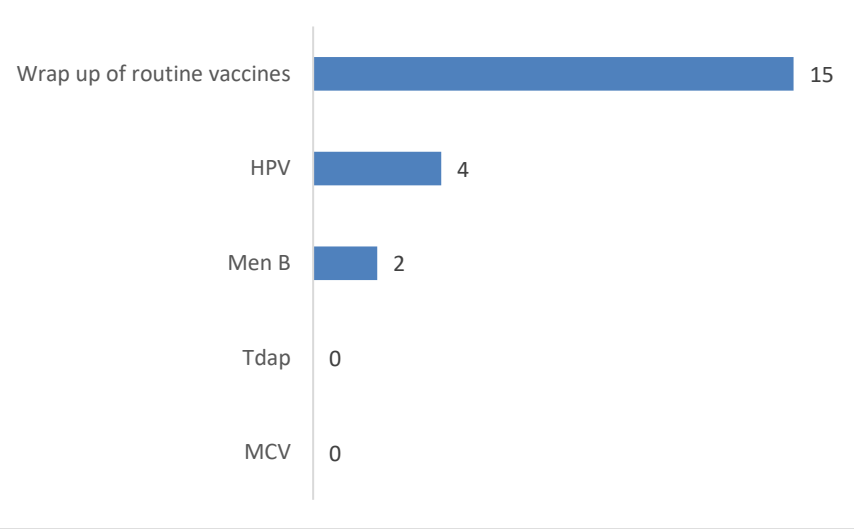
Practices reported improvement in all areas of the collaborative with the greatest gains in establishing and communicating the practice consent and confidentiality policy (2.85). Including parent/patient voices in office processes scored lowest (1.81), which represents an opportunity for growth in future learning collaboratives.

Future Adolescent Plans

When the #StayWell collaborative concludes, our practice intends to continue (or begin) to track data and apply QI tools and principles to adolescent care in the following areas (Check all that apply):



Q. Please identify specific immunizations (if adolescent immunizations selected).



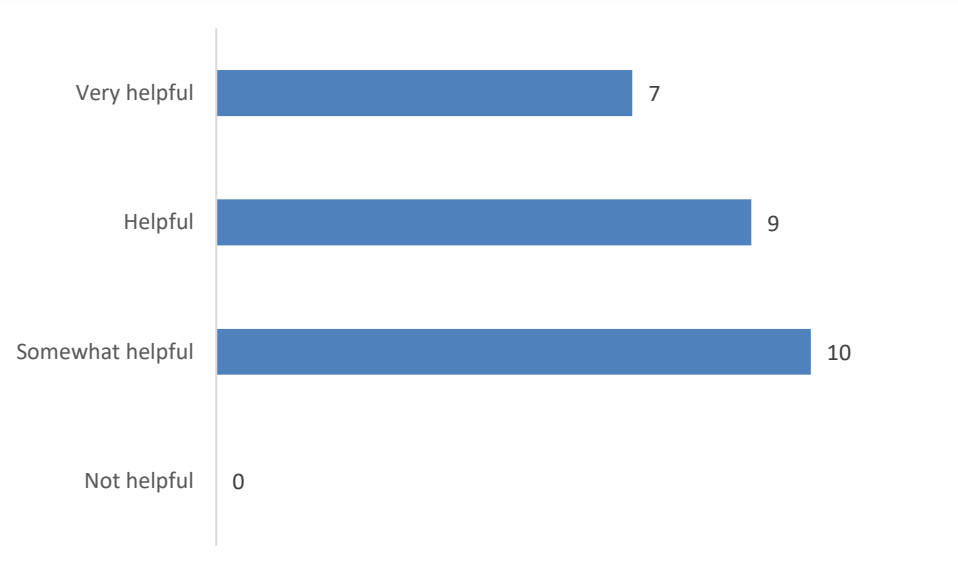
Quality Improvement

QI Coaching

Q. What type of visit did the practice receive?

Coaching Type	Count
Office	9
Virtual	17
Total	26

Q. Please rate the value of the coaching visit.

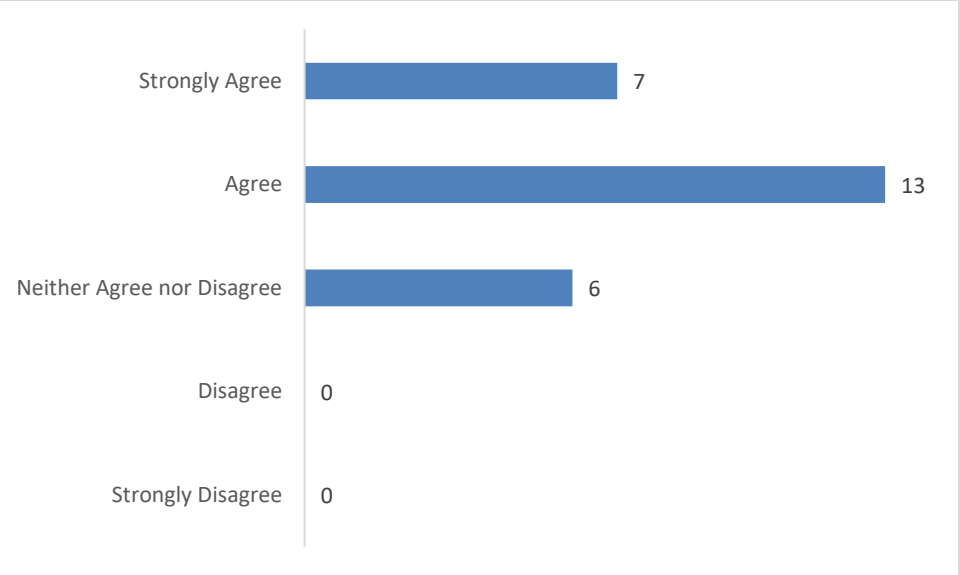


All practices reported the coaching visit to be helpful.

Q. Please explain answer.

- Coaching visit answered questions
- Able to direct our plan of action
- Received advice regarding QI tools/advanced techniques
- Motivated the team
- Stick note flow process was helpful

Q. The QI coach communicated content effectively during monthly webinars and one-on-one calls.



QI Tools: Application

Please rate your level of agreement with the following statements:
(1=Strongly Disagree, 5=Strongly Agree)

Statement	Mean	SD	Count
Using the Plan-Do-Study-Act activity was an effective tool to improve our transition process and increase our adolescent well visits	4.27	0.59	26
Our practice identified new strategies for increasing family engagement	4.08	0.74	25
Our practice team meetings effectively communicated the project to our team and other providers in the practice	4.42	0.74	26

Practices either “Agreed” or “Strongly Agreed” with the statements related to QI tools.

Community Partners

Q. Did the practice use the CRS Transition packet?

Response	Count
Yes	15
No	11

Q. Did you select of develop an alternative transition tool for your practice?

Response	Count
Yes	8
No	3

Collaborative Format

Q. Please rate your level of agreement with the following statements:

(1=Strongly Disagree, 2=Disagree, 3=Somewhat Disagree, 4=Neither Agree nor Disagree, 5= Agree, 6=Strongly Agree)

Statements	Mean	SD	Count
Having Maintenance of Certification available was highly valued by our practice	5.81	0.39	26
Being able to use this collaborative for PCMH status (initial or renewal) was highly valued by our practice	5.69	0.54	26
We are satisfied with our experience in this learning collaborative	5.65	0.55	26
Having CME/CEU available was highly valued by our practice	5.65	0.55	26
Overall, the online CME/CEU modules were effective for the core team, practices staff, and providers to learn topics such as: Adolescent Preventive Visit Adolescent Friendly Office Confidentiality/Consent Health Screening, Eating, Living for Adolescents Immunizations Depression Screening Substance Use Screening LARCS QI	5.42	0.49	26
The email communication was at the appropriate level to keep the practice on track with the QI project	5.35	0.55	26
The ACHIA website (www.achia.org/breathealabama) was useful for accessing CME modules and obtaining project resources	5.35	0.55	26
The monthly webinar calls were an effective format to learn from other practices and from the content experts	5.31	0.67	26
The Quality Improvement Data Aggregator (QIDA) was easy to navigate and an effective way to track our practice's improvement	5.31	1.07	26
The 9-month collaborative is an appropriate length of time to implement optimal adolescent well visit care processes in our practice	4.54	1.47	26
The Slack website was useful for sharing resources/ideas	4.42	1.34	26

Practices reported high levels of agreement with all of the statements. Specifically, practices identified Maintenance of Certification (5.81) as highly valuable for participation.

Q. Please describe the most beneficial aspect of the learning collaborative.

- Confidentiality policy (12)
- Improving adolescent care (5)
- Sharing resources with colleagues (3)
- Establishing transition policy (3)

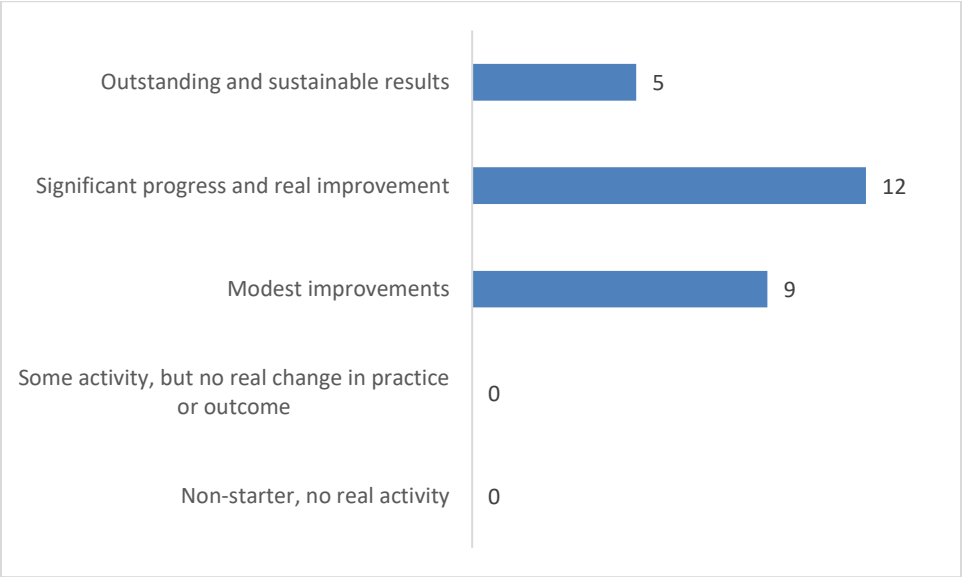
Q. Please describe the least beneficial aspect of the learning collaborative.

- Time consuming (4)
- Slack (3)
- Too many objectives (3)

Overall Impact

IHI QI Scale

Please rate the #StayWell effort of your practice to improve adolescent confidentiality, transition plans, and visit rates based on the Institute for Healthcare Improvement Scale.



Collaborative Balancing Measure

Q. Thinking about clinic work outside of adolescent care: What has been the impact of participation in the #StayWell collaborative on your overall practice's clinical and operational work (e.g., scheduling, workflow, patient care in other areas)?

Please describe.

Our WCC rates across the board have improved
Follow up and recalling patients has become the norm. We are still working on finding a more efficient way to complete the full adolescent visit, giving enough alone time to the teens but not foregoing parent concerns/time
We did not have any real clinical workflow changes. We are just beginning to introduce our transition policy and anticipate changes in the future.
We have been able to increase well visits through calls by our administrative staff and it has led to a better show rate and increased number of well visits. We have also more efficiently changed acute visits to well visits if a patient is due.
There were some improvements and some that have created less efficiency
1. confidentiality policy handed by front desk, 2. Transition of care handed by MA/ nurse
By having a process of what to do with adolescents with major problems we can more efficiently discuss the topic we need to discuss
New adolescent privacy policy required a LOT of time to explain to parents and patients and received a LOT of pushback from parents.
Some increased time due to the screens, but overall neutral.

Q. Please describe the core team's level of agreement with the following statements:

(1=Strongly Disagree, 2=Disagree, 3=Agree, 4=Strongly Agree)

Statements	Mean	SD	Count
We believe our practice successfully applied our minds and hearts into this project and made significant improvements in patient outcomes in our populations	3.77	0.42	26
We believe this project influenced how the members of this practice perform	3.62	0.49	26
Our staff will use this information to train others in the future	3.54	0.50	26
Our staff has a clear vision for the future of adolescent care for this practice	3.42	0.49	26

Practices reported a high level of agreement with statements regarding their participation in the #StayWell Adolescent Well Visit Learning Collaborative.

Q. Please identify any topics or skill areas for ACHIA to address in future learning collaboratives.

- Screening for ACEs
- Administration of LARCs
- Other PCMH measures
    - Improved immunization rates, particularly HPV
    - Access to care outside regular hours
- HPV vaccines
- Mental health in adolescents
- Identifying and treating patients with depression/anxiety
- Any immunization initiatives
- Screening and addressing social emotional concerns
- Importance of prenatal care to adolescents
- Discussion of MVAs
    - Car seat clinics
    - Banning home pools

Summaries of Key Informant Interviews

Dr. Ann Byars, Liberty Mountain Pediatrics

What worked well?

- Emphasis on including staff members in the collaborative
- Every person in the office participated
- The collaborative helped in establishing a culture of quality within a new practice (practice started a year ago)
- QI coaches and leadership encourage the practices to be willing to challenge the status quo
- Leaders were good about sending out to-do lists after each call with assignments
- Leaders were realistic about expectations – what could be done within a specific timeframe
- Cason Benton is amazing

Areas for improvement.

- This collaborative was longer than previous ones, but the timeframe was appropriate based on the number of topics they covered
- Ann was confused about a transition from adolescent to adult materials

Opportunities.

- Appropriate coding and ways to keep up with income
- Business side of the office
- Ann would like to do screenings on certain topics, but insurance won't pay for it – not sure what can be done

"Every time I participate in a collaborative or attend an AAP meeting, it's just so helpful. It helps me become energized – that I'm not just treating runny noses but I'm actually making a difference. We can get back to our idealistic goals"

Hannah Hulsey, Adolescent Health Clinic

What worked well?

- Overall design of the learning collaborative supported practice learning
    - There was both structure and flexibility
    - Practice utilized monthly QI meetings to focus on the goals of the collaborative
- Initial meeting with the QI coach was helpful
    - Understanding expectations
    - Developing a process map
- Limited number of chart reviews was not overly burdensome on the practices
- Education modules at the beginning of the collaborative helped engage providers

<u>Sustainability</u>

- Practice reworked confidentiality policy and ensured that there was a written policy in place
- Practice added confidentiality to their Well Visit template
- Practice incorporated changes to their EMR so that confidentiality became a part of all documentation
- Also, practice initiated calls to remind patients of upcoming appointments – helped decrease no-show rate
    - (Administrative person was added to the practice around the same time as the collaborative – this became one of her responsibilities)

Areas for improvement.

- QI coaches checking in with teams at the midpoint would have been worthwhile – in-person or by phone
- This collaborative could have been extended beyond the 9 months because there was so much to cover – possibly a 12 month collaborative
    - Ex: Screening for substance use

Opportunities.

- Practice is already working on future QI projects:
    - Depression screening, referral, and intervention
    - Transition to adult care

- Future topics recommendations
    - HPV immunization
    - Mental health issues

LaCrecia Thomas, QI Coach

What worked well?

- ACHIA learning collaborative is a "well-oiled machine"
- More innovation in this collaborative than previous ones (focused more on implementing guidelines)
- Teams were "amazingly receptive to uncertainty" throughout the learning collaborative
- This learning collaborative added new components including:
    - Focus on adolescent health
    - Extra QI coach
- Team participation was a highlight
- Much more about "culture change" than testing a process
- Great use of technology:
    - Zoom
    - Slack

Areas for improvement.

- This collaborative did not have a parent/patient advisory person
- Some teams want more peer-to-peer sharing
- Others want more time with content experts
- Moving forward – ACHIA will design time for both

- 2 teams dropped out:
    - One overwhelmed by the innovation piece
    - Another one lost their practice manager

Opportunities.

- Next learning collaborative will focus on "screening"
    - Divide work into three, 90-day action periods
    - Set collaborative and 90-day goals with action period report-outs
    - Interactive scoring of screens
    - Helping teams connect the dots (test process) in addition to education
    - Continue to use interactive technology: Zoom, Slack, Menti-meter

Staci Self, QI Coach

What worked well?

- QI coaches conducted site visits with practices that had not previously participated in a learning collaborative to onboard them to the process
- Monthly calls/webinars
    - Provided QI basics
    - Discussed aspects of adolescent care
    - Provided structure
        - Ensured practices maintained momentum and kept pace
- On one call, patient partner presented – this was really worthwhile for practices to hear
    - Patient was on advisory committee
- Practices very self-motivated
- Leadership team: Cason, Linda, and LaCrecia – provide excellent leadership and guidance
    - Good supportive learning environment

Areas for improvement.

- Involve more consumers and/or patients on monthly webinars – practices would benefit to hear about the impact of their work from patient perspective
- Adolescent care is a large topic – learning collaborative could have been extended beyond 9 months
    - Multiple components – lots of cultural changes for consent and confidentiality
    - "Meatier" topic – could have spent more time

Opportunities.

- All practices liked webinars being interactive: More peer-to-peer sharing, less didactic
    - In this collaborative, practices used chat box feature and like the interactive platform of Slack
- At the very end of the collaborative, they switched to Zoom. Staci observed that practices really liked the video feature of Zoom and could see this feature enhancing learning collaborative participation moving forward

Dr. Katie Erdlitz, Fairhope Pediatrics

What worked well?

Before we scheduled a sick visit, we would schedule a well visit if they had not had one in the last year; Added specific dialogue in our adolescent well visit notes about transition and confidentiality.

Areas for Improvement.

None.

Opportunities.

Anything mental health.

Comments:

I think the biggest thing is the collaborative made us think about how we could improve on our adolescent care. We definitely improved our WCC rates not just for adolescents, but all ages and I think this is largely due to the new rule of scheduling WCC if the patient calls in for a sick visit.

Dr. Wes Stubblefield, Infant and Children's Center

What worked well?

- Coaching visits by the QI coaches
- Well-designed collaborative for busy practices
- Transition to Zoom product
- Data entry was relatively easy
- All local experts

Areas for improvement.

- Technology was quirky in the beginning (CME modules on QI TeamSpace)
- Practice interaction was limited due to the exclusively online nature but could not be helped due to the size, limited funds, etc. Learning from each other is important.

Opportunities.

- The size and scope of the collaborative pulled in many different partners and several new ones.