

National Priority Area: Adolescent well visit

National performance measure: Percentage of adolescents with a preventive services visit in the last year.

Title V MCH Block Grant in Oregon

The Title V Maternal and Child Health (MCH) Block Grant is a federal program that provides funding to states to improve the health of all women, children, adolescents, and families, including children with special health care needs (CYSHCN). Oregon's Title V MCH priorities for 2016-2020 include: well woman care, breastfeeding, physical activity for children, adolescent well care visits, oral health, smoking, toxic stress and trauma, nutrition and food insecurity, culturally and linguistically responsive services, and medical homes and services for the transition to adulthood for children and youth with special health care needs.

More information about each of the above priorities is available at: <http://Healthoregon.org/titlev>.

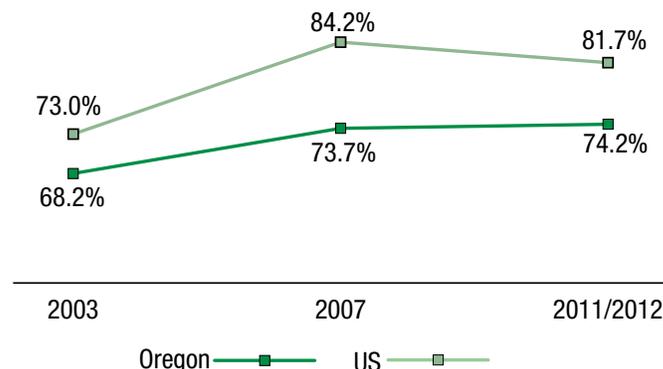
Significance of the issue

While generally characterized by good health, adolescence is a key transition period in the life course that requires a unique set of health care services. Adolescents are establishing health behaviors that lay the foundation for their health in adulthood, which carry implications for lifelong health outcomes, health care spending and economic stability. Furthermore, adolescence is a critical time to empower, educate and engage youth as they begin to transition to independent consumers of health care services. The Bright Futures guidelines recommend that adolescents (11-24) have annual well-visits. The visit should cover a comprehensive set of preventive services, such as a physical examination and discussion of health-related behaviors including: healthy eating, physical activity, substance use, sexual behavior, violence, and motor vehicle safety.

Nationally, only about half (46%) of adolescents on Medicaid aged 12–21 years received a well-visit in the past year, the lowest utilization of primary care compared to any other age group. The adolescent well-visit rate for the Oregon Health Plan is significantly lower, with 32% of Medicaid enrollees aged 12–21 years having a well-care visit in the past 12 months in 2014.¹

Health Status Data

Percent of adolescents age 12-17 years with one or more preventative medical visits in the last year, 2003-2011/12
Source: National Survey of Children's Health

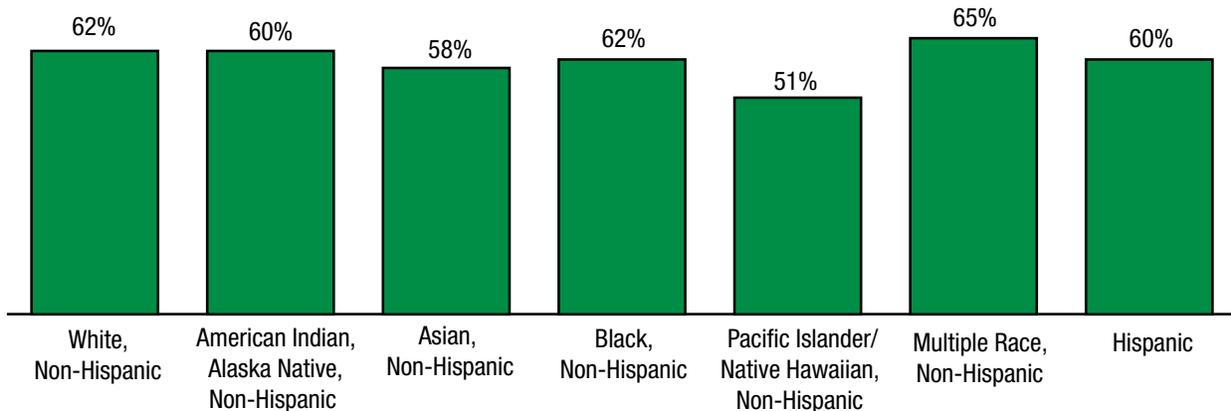


¹ CCO administrative (billing) data. <http://www.oregon.gov/oha/Metrics/Pages/measure-adolescent.aspx>

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11th grade- Saw doctor or nurse in the past 12 months, not for sickness or injury, Oregon 2015

Source: Oregon Healthy Teens



Many Oregon youth could benefit from increased access to screening and anticipatory guidance. According to 11th graders in 2015:

- 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

Context for the Issue in Oregon

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. Bright Futures recommends annual well care visits for adolescents from ages 11-21. Increasing the number of youth receiving a preventive visit in the past year has been a Title V state-selected priority since 2010. The adolescent well-visit was selected as an incentive measure for Coordinated Care Organizations (CCOs), which greatly elevated the focus on the adolescent population. The well-visit has been included as a key performance measure for certified school-based health centers (SBHCs) since 2008. During the 2013–14 school year, 32% of youth aged 12–21 years seen in an SBHC received a well-visit.

Though it is a clinical measure, the adolescent well-visit shines a light on the unique needs of adolescents in accessing health services, such as physical access points (i.e. SBHCs), confidentiality in the provision of care to adolescents, and the availability of culturally relevant, and developmentally appropriate care. There is a general lack of awareness that youth should see doctor for a preventive visit every year, and many youth do not view a well visit as a priority. There is growing acknowledgment that young people must be actively engaged as partners in the delivery of health care to increase the proportion that access preventive services. There is increased interest in using public health tools and strategies to shift the culture and raise awareness of the importance of adolescent well care.