



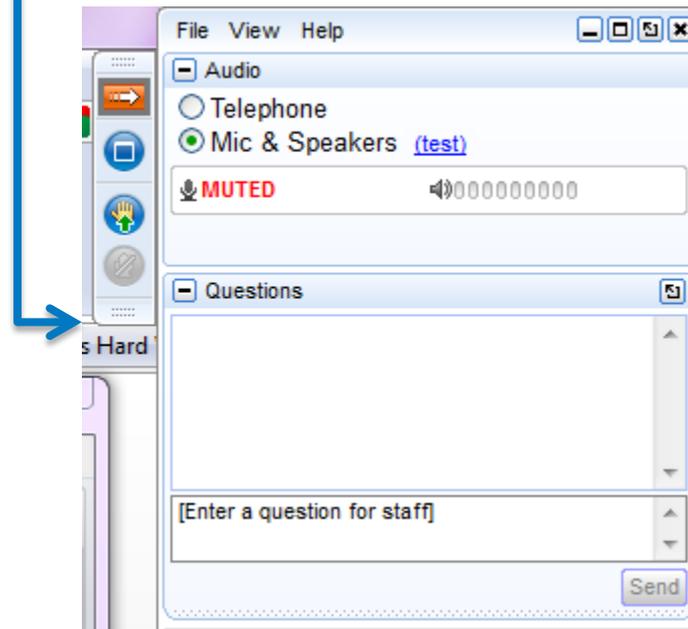
***Enhancing Adolescent Well-Visits:***

***Getting Them In, Setting the  
Stage, and Implementing  
Strength & Risk Screenings Tools***

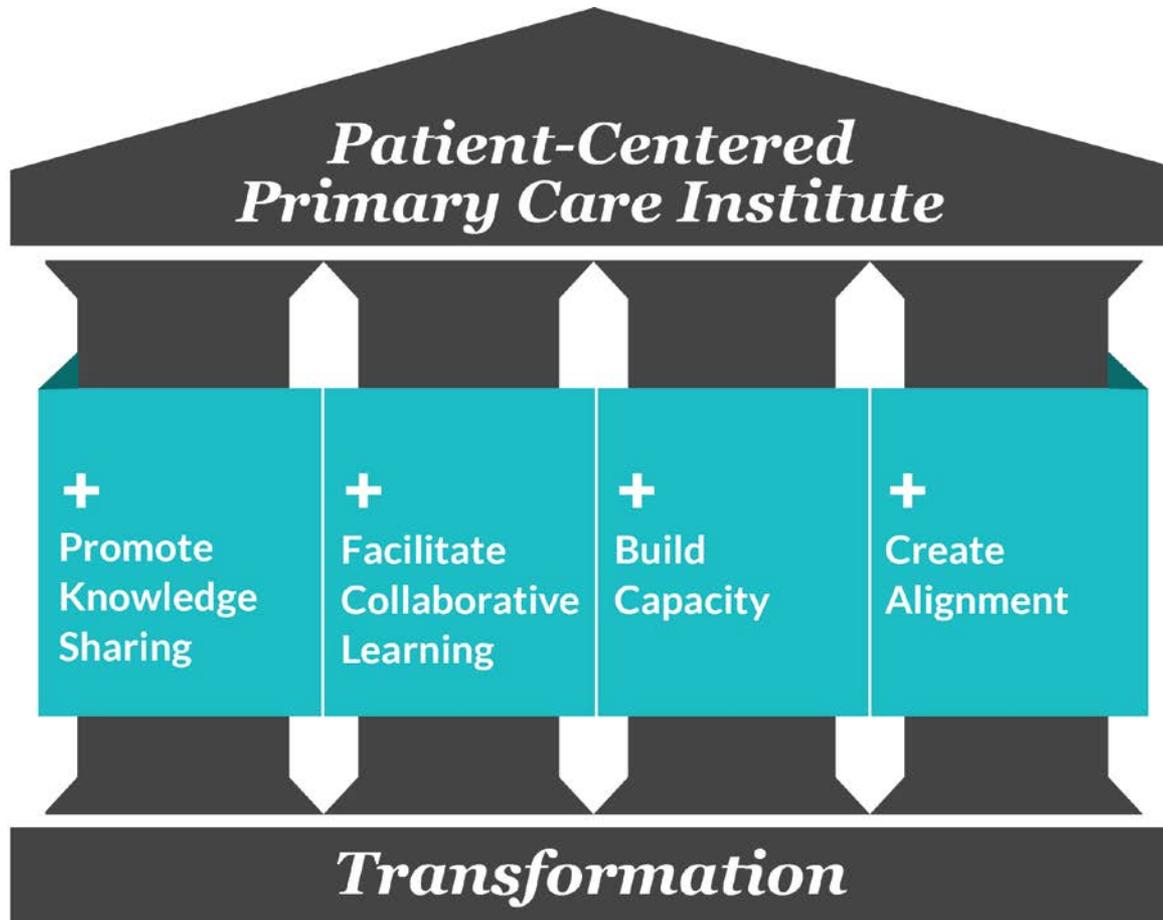
September 23<sup>rd</sup>, 2014

# We Want To Hear From You!

Type questions into the Questions Pane at any time during this presentation



# Patient-Centered Primary Care Institute



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# PCPCH Model of Care

**Oregon's PCPCH Model is defined by six core attributes, each with specific standards and measures**

- **Access to Care** *“Health care team, be there when we need you”*
- **Accountability** *“Take responsibility for making sure we receive the best possible health care”*
- **Comprehensive Whole Person Care** *“Take responsibility for making sure we receive the best possible health care”*
- **Continuity** *“Be our partner over time in caring for us”*
- **Coordination and Integration** *“Help us navigate the health care system to get the care we need in a safe and timely way”*
- **Person and Family Centered Care** *“Recognize that we are the most important part of the care team - and that we are ultimately responsible for our overall health and wellness”*

**Learn more: <http://primarycarehome.oregon.gov>**

# Webinar Presenters



**Colleen Reuland, MS**

Oregon Pediatric Improvement Partnership (OPIP)



**RJ Gillespie, MD, MHPE**

The Children's Clinic, OPIP



**Kristin Case, FNP**

Multnomah County



## **Colleen Reuland, MS**

**Director, Oregon Pediatric Improvement Partnership**

**Instructor, Department of Pediatrics, OHSU**

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# Goals for Today's Webinar

- Describe key attributes of well-child visits for adolescents that ensure health and health care consumer issues are addressed in a high quality way.
- Provide tools and strategies for:
  - Getting adolescents in for well-visits
  - Setting the stage for a successful well-visit, and for developing the adolescent as a health care consumer
  - Implementing broad Strength- and Risk-based screening
- Provide you with real-world examples and “aha moments” from primary care practices in implementing these tools
  - Examples from a private practice (The Children's Clinic) and School Based Health Center in Multnomah County



# Bright Futures Recommendations for Adolescent Well-Visits Alignment with CCO and State Priorities



Health Area Addressed in Adolescent Well-Visits	CCO incentive metric/ PCPCH Program	Health Plan Quality Metrics (proposed)	State Population Health Indicators
<b>Adolescent Access to Primary Care</b>	CAHPS – Access to primary care provider; adolescent well-visit.		Access to Primary Care Provider (EPSDT 416)
<b>Mental and behavioral health</b>	Screening for depression; PCPCH Standards 3A and 3C.		Teen psychological distress
<b>Tobacco and substance use</b>	Screening for alcohol and substance use (SBIRT); smoking and tobacco cessation; PCPCH Standards 3A.	Screening for alcohol and substance use (SBIRT)	Tobacco use; binge drinking
<b>Sexual behavior</b>	Chlamydia screening in women ages 16-24; contraceptive use in women at risk for unintended pregnancy; PCPCH Standard 3A.	Chlamydia screening in women ages 16-24 (Phase 1)	Teen pregnancy/birth rate (age 15-17); Chlamydia incidence; HIV infection; Screening for pregnancy intention
<b>Nutritional health</b>	Diabetes: HbA1c Poor Control; BMI assessment / counseling ; PCPCH Standard 3A.		Overweight/obesity; Fruit and vegetable consumption; physical activity, sugar-sweetened beverage consumption; healthy food outlets
<b>Immunizations</b>	Immunization for adolescents; PCPCH Standards 3A.	Immunizations for adolescents (Phase 1)	Immunizations for adolescents
<b>Violence and injury prevention</b>	Screening for depression; SBIRT		Youth suicide rate;
<b>Educational attainment</b>			High school graduation; teen with supportive adult at school; chronic absenteeism; 75% of students on track for graduation by the end of 9th grade; Five year cohort graduation rate increases 5% with reduction in achievement gaps.

# Transitioning the Adolescent to Being the Primary Patient



## Recommended Health Care Transition Timeline

AGE:	12	14	16	18	18-22	23-26
	Make youth and family aware of transition policy	Initiate health care transition planning	Prepare youth and parents for adult model of care and discuss transfer	Transition to adult model of care	Transfer care to adult medical home and/or specialists with transfer package	Integrate young adults into adult care

Source: [GotTransition.org](http://GotTransition.org)



# Improving Adolescent Well-Visits



- **Address the root cause of low adolescent well visit rates**
  - Multifactorial *reasons* for low rates
  - Multifactorial *strategies* needed to improve that span from policies to the front line
  - OPIP developed two targeted briefs:
    - “Why Adolescent Well-Visits are Important”  
<https://projects.oregon-pip.org/resources/adolescent-care/adolescent-well-visits-and-claims/the-value-of-the-adolescent-well-visit/view>
    - “Strategies Needed to Improve Well-Visits”  
<https://projects.oregon-pip.org/resources/adolescent-care/adolescent-well-visits-and-claims/policy-and-practic-level-strategies-to-improve-adolescent-well-visits/view>
- **Identified a number of issues using claims data to track and evaluate efforts related to adolescent well-visits, SBIRT, and Depression screening provided in the context of these visits.**
  - Developed a brief of issues with use of the current CCO incentive metrics to track efforts
    - <https://projects.oregon-pip.org/resources/adolescent-care/adolescent-well-visits-and-claims/using-claims-data-to-measure-adolescent-screening-issues-to-consider/view>
  - Important to note given the 2015 CCO incentive metrics

# Enhancing Adolescent Well-Visits: Three Strategies



## 1. Get Them In

2. Set the Stage for a Successful Well-Visit and for Develop the Adolescent as a Health Care Consumer
3. Implement Broad Strength- and Risk-based Screening

# How Do We Get Them In?



- A. When they are in for other things, strategize on how to have the well-visit addressed
- B. Target adolescents through community-based approaches that involve partnership with school and public health entities
- C. Enhance adolescent and parent understanding about **WHY** adolescent well-visits are important

# How Do We Get Them In?

## *Strategy A and Strategy B*



### **A. When they are in for other things, strategize on how to have the well-visit addressed:**

- If feasible, convert the visit to a well-visit
- Do not offer sports physicals, instead say they will address the sport physical in the well-visit
- When they are in for acute or medication visits, set up a “follow-up” visit that is a well-visit

### **B. Target adolescents through community-based approaches that involve partnership with school and public health entities:**

- Consider where adolescents “park their cars” and go to them in outreach efforts

# How Do We Get Them In?

## *Strategy C*



### **C. Enhancing adolescent and parent understanding about WHY adolescent well-visits are important:**

- There is a lack of clarity about WHAT an adolescent well-visit is and WHY it would be valuable
- A critical component of this work is documentation that explains to adolescents and their parents about what care can be provided confidentially, and the adolescent's right to a private visit
- Use of materials that explain WHAT to expect in a well-visit and WHY it is different than what they may have experienced in the past

# Operationalizing These Strategies: Learnings from the Front Line



## RJ Gillespie - The Children's Clinic, OPIP



# Getting Adolescents in for Well-Visits: Tips I Have Used



- Culture change for patients and families... Why the change?
- No sports physicals in our office... Only well-visits
- **Recall Systems:**
  - In-house recall looks at patients who have not been in for over a year
  - Partnership with ALERT to improve adolescent immunization rates: Letters are sent to those patients missing the Tdap, Menactra or HPV
- **Point of Care Reminders:**
  - Patients in for ill visits, parents/patients requesting school/camp/sports forms, medication refill requests (especially asthma, ADHD)
- **Transition Policy:**
  - “Advertising” to families about tasks that need to be completed between 12 and 18 years of age

# Operationalizing These Strategies: Learnings from the Front Line



## Kristin Case- SBHC in Multnomah County



# Getting Adolescents in for Well-Visits: Tips I Have Used



## Access

- Bringing the services to the adolescent, i.e. schools
- Walk-in and same day availability
- Increase availability during sports physical deadlines

## Utilizing Episodic Visits

- Same day access for episodic visits to “build the relationship”
- Incorporating wellness care into episodic visits
- Pre-visit identification of wellness needs in ‘sick’ visits

## Involving the Parent/Guardian

- With confidential visits, encourage parent involvement in “non-confidential care”, i.e. wellness visits and immunizations
- Contact parent around the importance of the adolescent well-visit
- Outreach to schools

# Enhancing Adolescent Well-Visits: Three Strategies



## 1. Get Them In

## 2. Setting the Stage for a Successful Well-Visit and for Developing the Adolescent as a Health Care Consumer

## 3. Implement Broad Strength- and Risk-based Screening

# Set the Stage for a Successful Visit



## Three Important Factors:

1. Intentional, explicit, repeated, and EMPOWERING messaging that you are transitioning to the **adolescent being the primary patient** (not the parent, on behalf of the child)
2. Intentional and explicit discussions about the adolescent's rights related to **confidential care**
3. During the course of the visit, **private** time with the adolescent (meaning one-on-one, without the parent)



# Transitioning to the *Adolescent as the Primary Patient*



- **Bright Futures recommendations suggest that these discussions begin at age 12**
- **Creating an office policy for transition, and explaining this policy and related resources in the office**
- **Framing safe conversations about WHY you are transitioning the adolescent to being the primary patient**
  - Normative Statements: “We do this for all teens.” “To encourage good and open communication.”
- **Encouraging small steps toward the direction**
  - Asking the adolescent first if they have any questions or concerns
  - Encouraging the adolescent to call the office themselves, with the parent supporting them, if they are sick
- **Great Resource: [gottransition.org](http://gottransition.org)**

# Confidential and Private Visits



- **Define the visit structure for parents:**
  - **Explain that parents will be asked to leave, but that the visit will conclude with the parents back in the room**
    - “It’s our routine here for adolescent visits to ask any parent or guardian who accompanies the patient to step out so that we can have some private time with the patient to just go over some additional things that maybe would be more comfortable discussing with us privately.”
  - **Explain the confidentiality rules for adolescents:**
    - “I won’t discuss this information with your parents unless you want me to.”
    - “Sometimes, because of the limits of privacy, I have to share specific information like if you are going to hurt yourself or someone else.”

# Examples of Explaining Privacy and Confidentiality



[insert logo here]

## Teen Patient Handout

[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 [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 someone 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.*

## Customizable Handouts and Posters

*From the Adolescent Health Initiative*



**Link to Tool:**

<https://projects.oregon-pip.org/resources/adolescent-care>



# Examples of Explaining Privacy and Confidentiality

## Customizable Handouts and Posters

*From the Adolescent Health Initiative*

*Adapted to be Oregon Specific*



**Link to Tool:**

<https://projects.oregon-pip.org/resources/adolescent-care>

[insert clinic logo]

### Parent or Caregiver Handout



[Clinic welcome statement]

Adolescence is a time of rapid change and development. Teens and young adults need specialized medical care and a provider with whom they can discuss anything, from normal body growth and development, illness, preventive care, sexual concerns and emotional problems. Parents and guardians also benefit from special guidance and support through these years. Our practice goal is to provide comprehensive health care to our patients and their families.

As teens begin to develop into adults and take more responsibility for their lives, we ask for more input from them about their health. Starting around age 14 [or clinic's standard age], it is our practice to ask all parents or guardians to wait outside for part of the visit.

If teens feel they can speak with clinicians in confidence, this opens the door for conversations about the risks of certain behaviors that may lead to serious problems. Sometimes teenagers will hide their behavior so parents are not the first to find out. Our goal is to help prevent and identify any issues before they become serious. Data indicate that many youth are facing health challenges that we are well-positioned to help with.

#### Among 11<sup>th</sup> graders in Oregon\*:

- 27% were depressed in the past year
- 15% seriously considered suicide in the past year
- 45% have had sex
- 31% drank in the past month
- 21% used marijuana in the past month

We know that parents and guardians are an important source of health information for youth, and that you likely help in decisions around your teen's care. We always encourage the teen to discuss important issues with their parent or guardian. Private time during the visit helps youth gain more independence in accessing health care, and helps to build trust in their care team. The best approach gives parents a role in young people's lives while empowering our teen patients to take responsibility for their own health.

We let all teen patients know that our services are confidential. However, safety of our patients is our priority, and there are some cases but there are some cases when we are required to break confidentiality for safety reasons.

The staff is always available to discuss health problems or answer questions. Our staff wants to work with you to help your teen(s) make the best choices for a healthy future. Please let us know if you have any questions or concerns.

\*2013 Oregon Healthy Teens Survey.

# Privacy and Confidentiality Resources



- **Adolescent Health Working Group:**

<http://www.ahwg.net/resources-for-providers.html>

- **Physicians for Reproductive Health:**

<http://prh.org/teen-reproductive-health/arshep-explained/>

# Operationalizing These Strategies: Learnings from the Front Line



## RJ Gillespie - The Children's Clinic, OPIP



# Setting the Stage – Tips I Have Used



- It's all about the framing... Growing Independence vs. “sex, drugs, and rock & roll”
- “Conditional Confidentiality”
- Start the process at age 12... Give a road map for the next few years
  - Explain confidentiality, privacy, the “adult model of care”
  - Tell parents and patients that after age 14, part of the visit will be just between the teen and I
  - Responsibility steps for the teen to take, based on age (knowing names of medications /doses/allergies, planning questions for well-visits, calling an advice nurse, making their own appointments, obtaining refills, etc.)
  - Still offer a chaperone during private exams
  - Encourage teens to see their parents as a continued resource
  - Visual version of policy statement
- “Performing an Atraumatic Parentectomy” resource for providers.



# Setting the Stage – Tips I Have Used



## Transitioning From Pediatric to Adult Health Care

Transitioning from pediatric to adult health care can be a challenge for teens and young adults. The Children's Clinic is committed to helping our patients make a smooth transition during this process.

This process involves working with youth, beginning at ages 12 to 14, and their families to prepare for the change from a "pediatric" model of care where parents make most decisions to an "adult" model of care where the youth take full responsibility for making decisions.



- We will work together with youth and families regarding the age for transferring to an adult provider and recommend that this transfer occurs before age 22.



- Encourage teens and young adults to assume more responsibility and make more independent judgments for their health care needs.



- Our providers will identify and assist those patients who are at risk of having a more complicated transition due to special medical, developmental, social and/or environmental needs.



# Bradley X Test



## Anticipatory Guidance- 14-18YR: BRADLEY X TEST

### Anticipatory Guidance- 14-18 Years

All Discussed

#### Discussed:

- Seat Belts
- Helmets
- Guns
- TV
- Substance Abuse
- Sexual Behavior
- Nutrition/Exercise
- STD's
- Condoms
- Contraception
- Handouts Given

Comments:

#### Adolescent Transition Planning

- Discussed Confidentiality Policy (HIPAA)
- Assess health care skills
- Set/Prioritize/review individualized transition plans.

Transition Planning  
Comments/Notes:

*For patients with intellectual disabilities:*

- Discuss need for guardianship and alternatives.

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

# Operationalizing These Strategies: Learnings from the Front Line



## Kristin Case- SBHC in Multnomah County



# Setting the Stage – Tips I Have Used



- Confidentiality statement and Health History (including concerns the parent might want to discuss) included in initial paperwork for parent to review and complete
- Standardized workflow around verbally reviewing confidentiality at the first visit and annually
- Implementation of motivational interviewing skills when staging the visit
- Reviewing the written questionnaire by starting with the least “threatening” questions
- Discussing with the client which topics we can review with the parent at end of visit
- Standardized workflow around involving the parent in the visit - pulling the parent into the room at the end of the visit

# Confidentiality

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*Your privacy is important to us!*

**If I am concerned about  
your safety or the safety  
of others, I will talk  
with another adult to  
help you!**



## CONFIDENTIALITY

Your privacy and safety are important to us. In general, adolescents may request privacy regarding some health information. If there is a safety concern, privacy cannot be maintained when you are less than 18 years of age or when we are required to report by law.

**Having your parent or guardian included in your healthcare is important. We will work with you to involve them as needed while still protecting your privacy.**

### Oregon state law allows:

- **General medical service** may be provided to all clients 15 years and older without parent or guardian consent.
- **Mental health (counseling) which includes drug and alcohol services** may initially be provided to a person 14 years or older without parent or guardian consent.
- **Family planning (birth control) and sexually transmitted disease services** may be provided to a person of any age without parent or guardian consent.

### There are certain situations related to your safety that must be reported, such as:

- You tell us that you plan to cause serious harm or death to yourself or someone else.
- You are doing things that could cause serious harm or death to you or someone else.
- You tell us you are being abused (physically, sexually or emotionally).
- You tell us you have been abused in the past (physically, sexually or emotionally).
- You tell us that you are having sex with someone who is three or more years older than you.
- You have a life threatening health problem.

**You have the right to ask about treatment planned for you and to refuse that treatment.  
You have the right to a chaperone during an examination. (A chaperone is someone who watches the examiner during the examination).**

Signed \_\_\_\_\_ Reviewed with \_\_\_\_\_ Date \_\_\_\_\_

# Enhancing Adolescent Well-Visits: Three Strategies



- 1. Get Them In**
- 2. Setting the Stage for a Successful Well-Visit and for Developing the Adolescent as a Health Care Consumer**
- 3. Implement Broad Strength- and Risk-based Screening**

# Use of Broad-Based Tools That are Strength & Risk-Based Screening Tools



- **All of our practices built screening into well-visits**
  - A number of issues identified with opportunistic screening at sick visits
- **Given that screening is ONE part of the larger visit, wanted to streamline all relevant items into one form**
- **Strongly encouraged the use of a strength-based approach**
- **Include Depression and Substance Abuse Screening**
  - Depression and SBIRT part of the CCO incentive metrics and will include adolescents in 2015

# Use of Broad-based Tools

## Strength and Risk Screening Tools



### Tools :

1. Global tool developed by The Children's Clinic  
<https://projects.oregon-pip.org/resources/adolescent-care>
2. Bright Futures Pre-Visit Encounter Form  
[http://brightfutures.aap.org/tool\\_and\\_resource\\_kit.html](http://brightfutures.aap.org/tool_and_resource_kit.html)
3. Well Visit Form Used by Multnomah County SBHC  
<https://projects.oregon-pip.org/resources/adolescent-care/multnomah-county-health-department-adolescent-health-assessment/view>

### Other tools we have seen:

- a. GAPS - Guide to Adolescent Preventive Services - American Medical Association Tool
- b. Oregon Pediatric Society has developed START modules for Adolescent Depression and SBIRT Screening - available now for providers to receive training  
<http://oregonpediatricsociety.org/programs/ops-programs/start/adolescent-depression-care/>

# Key Learnings from Practices Using This Tool



1. Identified adolescents they were sure were “Fine”
2. Use of the parent tool helped to distract the parent and engage the parent in the topic, while the teen completed the survey
3. The items about what they would want if they had four wishes are VERY telling
4. Strengths are JUST as important, if not more important, than the risks identified
5. Completing the tool takes time - consider that when designing workflows

# Office Work Flow in Using General Adolescent Screening Tools



1. In order to implement, you must first know your work flow and variations by provider
  - Consider not offering sports physicals, but build this into all “well” visits and ensure broad topics are addressed
2. **NEED** to address confidentiality and allow for private time in the room
  - This is **CRITICAL**
  - Screening tools are less valid if not done in this context
3. Where and if possible, build in related forms in your EMR

# Operationalizing These Strategies: Learnings from the Front Line



## RJ Gillespie - The Children's Clinic, OPIP



# Global Adolescent Well-Visit Screening Tool Used in The Children's Clinic



- Two versions:
  - Adolescent completed
  - Parent completed two-pages
- Practice originally used the OMA tool based on GAPS, but wanted to use a more strength-based approach
- Form is built into their EMR
  - Results are query-able
  - Screening results scored and flags set up that relate to next steps

# Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well-Visit



Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

1. Why did you come to the clinic today? \_\_\_\_\_
2. Do you have any concerns to discuss with the doctor today? \_\_\_\_\_
3. Who lives in your home? \_\_\_\_\_
4. Who do you talk to when things aren't going well? \_\_\_\_\_
5. Have you ever been in counseling?  Yes  No
6. Are you in counseling now?  Yes  No  
If yes, who are you seeing? \_\_\_\_\_

## School

1. Are you in school?  Yes  No  
If yes, what school? \_\_\_\_\_ and what grade? \_\_\_\_\_
2. What do you like most about school? \_\_\_\_\_
3. Compared to last year, are your grades \_\_\_\_\_ the same \_\_\_\_\_ better \_\_\_\_\_ worse
4. Have you ever cut classes, skipped school, been expelled, or been suspended?  Yes  No
5. What do you do after school? \_\_\_\_\_
6. Do you work?  Yes  No If yes, on average how many hours per week? \_\_\_\_\_

## Health Habits

1. Have you seen a dentist in the last year?  Yes  No
2. How many times a week do you exercise? \_\_\_\_\_ For how long? \_\_\_\_\_
3. What do you do for exercise? \_\_\_\_\_
4. Are you satisfied with the size or shape of your body, and your physical appearance?  Yes  No
5. In the past year, have you tried to lose weight or control your weight by vomiting, taking diet pills, laxatives, or starving yourself?  Yes  No
6. Does anyone in your family drink or take drugs so much that it worries you?  Yes  No
7. Do you regularly use:
  - a. Seatbelts?  Yes  No
  - b. Helmets?  Yes  No
  - c. Sunscreen?  Yes  No

## Personal Concerns (Check any items below which concern or trouble you)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Stress at home            | <input type="checkbox"/> Anger or temper          | <input type="checkbox"/> Muscle or Joint Pain     |
| <input type="checkbox"/> Making Friends            | <input type="checkbox"/> Skin problems or acne    | <input type="checkbox"/> Being Tired all the time |
| <input type="checkbox"/> Anxiety or Nervousness    | <input type="checkbox"/> Diarrhea or constipation | <input type="checkbox"/> Stomach ache             |
| <input type="checkbox"/> Sleeping Problems         | <input type="checkbox"/> Headaches or Migraines   | <input type="checkbox"/> Dizzy spells or fainting |
| <input type="checkbox"/> Boyfriends or Girlfriends | <input type="checkbox"/> Other _____              |   |

## Thoughts about Yourself

1. If you had four wishes what would they be? \_\_\_\_\_
2. Is there anything about yourself or your life you would like to be different?  Yes  No  
If yes, what? \_\_\_\_\_

3. Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly Every Day
a. Little interest or pleasure in doing things	0	1	2	3
b. Feeling down, depressed or hopeless	0	1	2	3



Link to Tool:

<https://projects.oregon-pip.org/resources/adolescent-care>

# Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well-Visit



**Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Date** \_\_\_\_\_

1. Why did you come to the clinic today? \_\_\_\_\_  
\_\_\_\_\_

2. Do you have any concerns to discuss with the doctor today? \_\_\_\_\_  
\_\_\_\_\_

3. Who lives in your home? \_\_\_\_\_  
\_\_\_\_\_

4. Who do you talk to when things aren't going well? \_\_\_\_\_

5. Have you ever been in counseling? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Are you in counseling now? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who are you seeing? \_\_\_\_\_  
\_\_\_\_\_

# Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well-Visit



## School

1. Are you in school?  Yes  No  
If yes, what school? \_\_\_\_\_ And what grade? \_\_\_\_\_
2. What do you like most about school? \_\_\_\_\_
3. Compared to last year, are your grades  the same  better  worse
4. Have you ever cut classes, skipped school, been expelled, or been suspended?  Yes  No
5. What do you do after school? \_\_\_\_\_
6. Do you work?  Yes  No  
If yes, on average how many hours per week? \_\_\_\_\_

# Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well-Visit



## Health Habits

1. Have you seen a dentist in the last year? \_\_\_ Yes \_\_\_ No
2. How many times a week do you exercise? \_\_\_\_\_ For how long? \_\_\_\_\_
3. What do you do for exercise? \_\_\_\_\_
4. Are you satisfied with the size or shape of your body, and your physical appearance? \_\_\_ Yes \_\_\_ No
5. In the past year, have you tried to lose weight or control your weight by vomiting, taking diet pills, laxatives, or starving yourself? \_\_\_ Yes \_\_\_ No
6. Does anyone in your family drink or take drugs so much that it worries you? \_\_\_ Yes \_\_\_ No
7. Do you regularly use:
  - a. Seatbelts? \_\_\_ Yes \_\_\_ No
  - b. Helmets? \_\_\_ Yes \_\_\_ No
  - c. Sunscreen? \_\_\_ Yes \_\_\_ No

# Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well-Visit



## **Personal Concerns** (Check any items below which concern or trouble you)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Stress at home            | <input type="checkbox"/> Anger or temper          | <input type="checkbox"/> Muscle or Joint Pain     |
| <input type="checkbox"/> Making Friends            | <input type="checkbox"/> Skin problems or acne    | <input type="checkbox"/> Being Tired all the time |
| <input type="checkbox"/> Anxiety or Nervousness    | <input type="checkbox"/> Diarrhea or constipation | <input type="checkbox"/> Stomach ache             |
| <input type="checkbox"/> Sleeping Problems         | <input type="checkbox"/> Headaches or Migraines   | <input type="checkbox"/> Dizzy spells or fainting |
| <input type="checkbox"/> Boyfriends or Girlfriends | <input type="checkbox"/> Other _____              |   |

# Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well-Visit



## Thoughts about Yourself

1. If you had four wishes what would they be? \_\_\_\_\_

2. Is there anything about yourself or your life you would like to be different? \_\_\_ Yes \_\_\_ No

If yes, what? \_\_\_\_\_

3. Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly Every Day
a. Little interest or pleasure in doing things	0	1	2	3
b. Feeling down, depressed or hopeless	0	1	2	3

## PHQ-2 Questions

# Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well-Visit



## **Personal Habits**

During the Past 12 Months, did you:

1. Drink any alcohol (more than a few sips)?  Yes  No
2. Smoke any marijuana or hashish?  Yes  No
3. Use anything else to get high?  Yes  No  
*("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "buff")*
4. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?  Yes  No
5. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?  Yes  No
6. Do you ever use alcohol or drugs while you are by yourself, or ALONE?  Yes  No
7. Do you ever FORGET things you did while using alcohol or drugs?  Yes  No
8. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?  Yes  No
9. Have you ever gotten into TROUBLE while you were using alcohol or drugs?  Yes  No
10. Do you smoke cigarettes and/or use any other tobacco products?  Yes  No
11. Has anyone touched you in a way that made you feel uncomfortable or forced you to do something sexual that you did not want to do?  Yes  No

**CRAFFT** Questions

# Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well-Visit



## **Sexual Health**

1. Are you attracted to: \_\_\_\_\_ Males \_\_\_\_\_ Females \_\_\_\_\_ Both \_\_\_\_\_ Not Sure
2. Have you ever had sexual experiences? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**If no, go to the next section.**  
If yes, what? \_\_\_\_\_ Kissing \_\_\_\_\_ Touching Private Parts \_\_\_\_\_ Oral Sex \_\_\_\_\_  
Sexual Intercourse \_\_\_\_\_ Other \_\_\_\_\_
3. How many sexual partners have you had? \_\_\_\_\_
4. Are you or your partner using a method to prevent pregnancy? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what kind of birth control? \_\_\_\_\_
5. Do you and your partner(s) always use condoms when you have oral sex and/or intercourse? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Have you ever had a sexually transmitted infection or disease (Herpes, Chlamydia, Gonorrhea, Genital Warts) \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Have you been pregnant or gotten someone pregnant? \_\_\_\_\_ Yes \_\_\_\_\_ No

# Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well-Visit



## **For Females**

1. At what age did you start your menstrual periods? \_\_\_\_\_
2. Do you have a period every month?  Yes  No
3. Any problems with your periods?  Yes  No  
If yes, what and when \_\_\_\_\_
4. Are you worried you might be pregnant?  Yes  No

## **For Males**

1. Have you been taught to do a testicular self exam?  Yes  No
2. Have you noticed any change in the size or shape of your testicles?  Yes  No



**Link to Tool:**

<https://projects.oregon-pip.org/resources/adolescent-care>

# EMR Forms that Map to this Tool

## The Children's Clinic



- As mentioned earlier, we previously used an OMA form, we didn't have standardized screens embedded within the tool
- Help ensure patient confidentiality
  - Form structure
  - Parent forms to be completed at the same time (PSCDRAF)
- Decision support to providers to help ensure follow up PHQ-9 if PHQ-2 is positive

## 14-18yr Risk Behavior Screen: BRADLEY X TEST

### 14-18yr Risk Behavior Screen

All Discussed

#### Discussed

- Alcohol
- Tobacco
- Drugs
- Sexual Activity
- Adolescent questionnaire reviewed.

ALL Cardiac risk answers are negative.  Yes  No

PHQ2 Score:

CRAFFT Score:

#### Comment

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

## 14-18yr Risk Behavior Screen: BRADLEY X TEST

### 14-18yr Risk Behavior Screen

All Discussed

#### Discussed

- Alcohol
- Tobacco
- Drugs
- Sexual Activity
- Adolescent questionnaire reviewed.

ALL Cardiac risk answers are negative.  Yes  No

PHQ2 Score: 4

CRAFFT Score: |

Print PHQ-9 blank

Add PHQ-9 form

#### Comment

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

# Operationalizing These Strategies: Learnings from the Front Line



## Kristin Case- SBHC in Multnomah County



# Broad-based Strength and Screening Assessment Tools We Have Used



## ➤ **Written annual questionnaire for the younger and older adolescents**

- Based on Bright Futures topics
- Identification of risks and strengths
- Parent input
- Safety questions ie. abuse and suicide risk
- Pre-screening tools on depression and substance abuse
  - PHQ-2
  - Pre-CRAFFT
- If positive questions, refer to screening tool as indicated
  - PHQ-9
  - CESD
  - CRAFFT
  - SCARED
  - Vanderbilt
  - PSC

## ➤ **EHR Documentation**

- “Episode” to review for Bright Futures topics covered and preventive care (WCC, last Chlamydia, BMI, Lipids, etc) completed
- Health Assessment build

# Bright Futures Categories

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- Physical health, nutrition and activity
- Oral health
- Emotional well-being
- School and friends
- Safety and injury prevention
- Risk reduction
- Strengths

# SBHC Adolescent Health Assessment

(Grades 9-12)

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

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



## 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

## 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 or hashish? YES  NO
    - Use anything else to get high? YES  NO
- (Anything else includes: illegal drugs and over the counter and prescription drugs and things that you sniff or "huff")*
- 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: \_\_\_\_\_

for office use only

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

Date: \_\_\_\_\_

## Where You Access Them:

<https://projects.oregon-pip.org/resources/adolescent-care/multnomah-county-health-department-child-early-adolescent-health-assessment/view>

<https://projects.oregon-pip.org/resources/adolescent-care/multnomah-county-health-department-adolescent-health-assessment/view>

ZZZ, Aa

**ZZZ, Aa**  
 Preferred Name: None  
 MRN: 4315293  
 Female, 17 year old, 04/26/1997

Allergies  
**Atenolol**  
**Ibuprofen**  
**Paragard T 380a (Intra...)**  
**Sulfabenzamide (Bulk)**

Health Maintenance: **Health Main...**  
 Patient FYIs: **FYI**

Pt Type: **Non Confidential**  
 PCP: **None**

VST Cvg: **None**  
 VST Cvg IP: **27000002**  
 Primary Ins: **VST Cvg: None**  
 CSN: 89607897

MyChart: **Active**  
 FIX MCHD, MD  
 Office Visit on...  
 BMI: **27.83 kg...**

9/2/2014 visit with McHd Fix, MD for Office Visit

Images Questionnaires References SmartSets Preview AVS Print AVS Pt Refused AVS Request Outside Records Open Orders Admin Benefits Inquiry Members Cases

Allergies: **Atenolol, Ibuprofen, Paragard T 380a, Sulfabenzamide (bulk)** Reviewed on 8/1/2014. Mark as Reviewed

Last Vitals BP: P: T: T Src: Resp: W: H: 5' 3.58" (1.615 m)  
 SpO2: PF: BMI: BSA: LMP: 2/11/2014 Smoking Status: Former Smoker Smokeless Tobacco Status: Never Used

**School Age Health Assessment & Strengths**

Report for 11/19/12 (SCHOOL AGED PREVENTION HEALTH episode)

**School Age Health Assessment**

PHYSICAL HEALTH, NUTRITION & ACTIVITY (Assessment Findings) Preventive Message Problem ID Referral & FU

Topics Covered

- Healthy Weight
- Body Image
- Well-Balanced Diet
- Increased Fruit, Vegetable & Whole Grain Consumption
- Adequate Calcium Consumption
- Water instead of Soda/Juice
- Importance of Breakfast
- Limits on High Fat Foods
- Adequate Physical Activity
- Eating Together as a Family
- Limit on screen time

**ORAL HEALTH (Assessment Findings)** Preventive Message Problem ID Referral & FU

Topics Covered

- Regular Dental Visits
- Daily Brushing & Flossing
- Adequate Fluoride

Needs dental

**EMOTIONAL WELL-BEING (Assessment Findings)** Preventive Message Problem ID Referral & FU

Topics Covered

- Mood/Emotions
- Behavior/Conflict Resolution/Anger Management
- Self-Esteem
- Independence
- Coping
- Sleeping (routines & difficulties)
- Family Communication
- Establishing Rules and Consequences
- Family Time & Routines
- Puberty/Pubertal Development

PHQ 2 neg

**SCHOOL & FRIENDS (Assessment Findings)** Preventive Message Problem ID Referral & FU

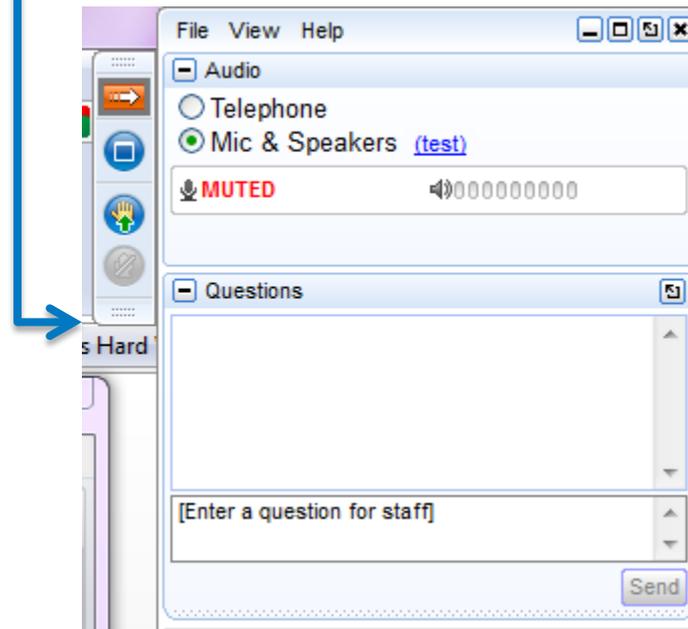
Topics Covered

- Adaptation to School
- Homework
- School Performance/Progress

# What Questions Do You Have?



Type questions into the Questions Pane at any time during this presentation



# Contact Information



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**Thank you! Please complete the post-webinar survey.**