

Youth Health Improvement Initiative

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BACKGROUND

The Youth Health Improvement Initiative (YHII) began in 2001 through the partnership between Vermont MCH, the Vermont Child Health Improvement Program (VCHIP), Vermont Medicaid, and private insurers. YHII was developed to focus on the unique needs of the adolescent population. Since inception, this project has demonstrated numerous measureable improvements in preventive services and continues to work to increase rates of preventive health visits. In its earlier years, YHII focused on increasing the skills and confidence of providers (pediatricians, family medicine physicians, nurse practitioners, office staff) in providing comprehensive preventive health visits, including screening for risks and assessing strengths.

When Bright Futures 3rd edition was released, Vermont providers were ready to deliver comprehensive services to adolescents; however, found that many adolescents did not access these services on an annual basis. Data showed that among high school aged adolescents with insurance, only one-half of privately insured and one-third of Medicaid insured had well visits. School nurse reports of adolescent well-visit rates demonstrated that visits dropped steadily throughout high school.

PROGRAM OBJECTIVES

Major Objectives of YHII:

- Improve screening rates for risk behaviors and the developmental tasks/ strengths/protective factors of adolescents in pediatric and family medicine practices,
- Help practitioners improve their office interventions and their referral effectiveness with adolescents,
- Implement Bright Futures guidelines in pediatric practices, and
- Improve specified HEDIS measures in pediatric practices.

TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED

#10: Percent of adolescents with a preventive services visit in the last year

Through the work of YHII, practical and usable skills for primary care clinicians to use in real time with patients and families is provided, including:

- Simplifying the Health Belief Model into practical skills, we teach clinicians to use the “Helping skills” (exploring the problem or concern, elicit patient ideas for possible solutions, explore the pros and cons for each solution, and then help patients make a change or plan, and follow up to assess progress and barriers)
- Promoting the Stages of Change Model by teaching clinicians to ask “how ready are you to make a change” before providing unsolicited advice and guidance.
- Teach clinicians to use brief Motivational Interviewing (to promote moving towards the next stage of change)
- Teach clinicians to use brief Goal Setting techniques with patients

TARGET POPULATION SERVED

Towards the goal of improving health outcomes for adolescents and young adults, the Youth Health Initiative has worked together with Vermont primary care providers to improve the consistency and quality of screening for risk behaviors, such as substance abuse, and protective factors during health supervision visits.

PROGRAM ACTIVITIES

In its earlier years, YHII focused on increasing the skills and confidence of providers (pediatricians, family medicine physicians, nurse practitioners, office staff) in providing comprehensive preventive health visits, including screening for risks and assessing strengths.

Currently, our efforts are targeted at understanding why adolescents do not access annual well-visits with Vermont providers who are well trained to deliver excellent, comprehensive services. Focus group data from 2012 revealed a multitude of barriers for providers, patients, and parents, including concerns around confidentiality; inadequate recall systems; limited access/availability; time required to deliver the services coupled with poor payment; lack of differentiation between 'well-visit' and 'sports clearance'; scheduling and transportation; and few external supports to encourage annual visits.

In addition to the specific work of YHII, Vermont MCH works at the local level to increase adolescent and young adult health and health care. Each of the 12 State Local Health offices employs a public health nurse (School Liaison), who engages local schools and school personnel to monitor their student and family population. The School Liaisons work with local primary care providers to promote Vermont's periodicity schedule (Bright Futures), and assist schools with improving communication with providers and decreasing barriers to access, including lack of insurance. Together with the Vermont State School Nurse Consultant, these School Liaisons assist school nurses in helping families to obtain health insurance, provide resources and encouragement to make sure families are accessing medical and dental homes for regular preventive care, and help identify and address potential special health needs.

Further, the Health Department promotes the CDC's Coordinated School Health Model as a way for schools to improve local systems to address population-based health topics, assess needs, prioritize efforts, etc. We are in the process of shifting our messaging to the CDC and ASCD's Whole School, Whole Community, Whole Child model. Through our Student-Led Empowerment projects, Vermont MCH works with Up for Learning, a Vermont-Adolescent and Young Adult based organization, to host training for school teams called, Getting to 'Y'. The purpose of which is to support young people to positively impact their health and well-being by analyzing their own Youth Risk Behavior Survey results, sharing their analyses with the community, and initiating health promotion initiatives informed by their analyses and dialogue process.

PROGRAM OUTCOMES/EVALUATION DATA

Through short-cycle Quality Improvement projects, several streams of measurement are collected to evaluate the effects of the interventions on improvement in primary care practice: practice assessments, chart audits and data collection, and qualitative data.

Practice assessments are conducted with participating practices to gauge current office systems to promote and support adolescent preventive services, as well as provide

strategies for improvement. Office system assessments are generally collected pre and post project interventions.

Through practice level monthly chart audits, random samples of adolescent preventive visits by participating practices are obtained to collect information on the effectiveness of office system improvements and improvements in the quality of the visit, including incidence of PCP documentation of recommended screenings and brief office interventions for risky behavior.

Qualitative surveys may also be conducted to determine obstacles to implementation of recommended screenings, and to obtain reaction to trainings and project support.

Since our work is directly with the clinicians and practices, our outcome measures are more directed towards improving clinician practice and interaction with youth. We do, however, have clinicians review their own outcome measures. One example would be the increased identification of youth with depression, who then were able to access services. Another example from a prior project shows increased identification of youth who are sexually active so that they can be screened for STI's. For all of our projects, we stress the strengths based approach, which improves clinician and patient interaction, improving youth satisfaction with the visit.

Some past project data highlights include:

Measures that Matter

The Measures that Matter quality improvement project, which engaged 20 pediatric providers, required practitioners to perform monthly chart audits on 10 adolescent patients between the ages of 11-21 who were seen for Well Child Visits (WCVs) during the month. Data were collected between August 2010 (baseline data) and April 2011. Pediatricians who successfully completed all requirements obtained Part IV, Maintenance of Certification Credits from the American Board of Pediatrics.

The project goal pertaining to weight assessment and counseling was that participating pediatricians will demonstrate a 10% increase over baseline or a 95% rate in their BMI screening, nutrition counseling and physical activity counseling. The results indicate that pediatricians achieved the 10% in the first month of the project, going from a baseline rate of 49.7% to 75.5% in the first month of the project and sustained the increase through the last month of the project. The participants exceeded the goal of 95% in March 2011, but dipped slightly below the goal of 95% in April 2011 to 93.7%.

The HEDIS measure includes immunization for Tdap/TD and meningococcal vaccine. The goal for this measure a 10% increase over baseline immunization rates or a 95% rate. Pediatricians achieved a 10% rate increase in the first month

of the project (59.5% at Baseline and 88.2% in September) and sustained that increase. Participating physicians also achieved a greater than 95% rate in November, March and the final month of the project, when the rate was 95.8%. The screening rate for sexually active patients increased from 11.1% at baseline to 38.5% in the second month of the project. The last data month saw a 70% screening rate for sexually active patients. Though the screening rate never reached 85%, a large increase in Chlamydia screening as compared to baseline occurred.

Adolescent Depression Screening Quality Improvement Project

Seventeen primary care practices participated in the adolescent depression screening QI project in 2013-2014. At the conclusion of the QI project, 28 pediatricians successfully completed all requirements and obtained Part IV, Maintenance of Certification Credits from the American Board of Pediatrics.

The project results demonstrated that most practices saw an increase in the percent of adolescents screened for depression. As a group, practices increased screening rates from 32% to 97% over the course of the eight-month QI project. During this period of time more adolescents were identified with symptoms of depression: by the third month of the project, close to 20% of adolescents were screening “positive” for signs of depression – this correlates closely with national statistics, but is more than twice the detection rate noted at the beginning of the project (7%). While practices were fairly consistent in documenting follow-up plans for adolescents that screen positive for depression, they were able to improve their office flow and develop more systematic approaches to follow-up as the number of positive screens increased. Together, practices were able to achieve and even surpass the goal of 95% of adolescents with a positive depression screening having a documented follow-up plan. Over the course of the QI project, both in-office interventions and referrals increased. By the third month of the project, and consistently thereafter, the number of adolescents with a follow-up plan was four times higher than the first month of the project.

PROGRAM COST

This work is funded on an on-going basis through a partnership between the Vermont Child Health Improvement Program, the University of Vermont College of Medicine, the Vermont Department of Health, and both private and public insurers. Although this work product was funded in whole or in part with monies provided by or through the State of Vermont, the State does not necessarily endorse the researchers' findings and/or conclusions. The findings and/or conclusions may be inconsistent with the State's policies, programs, and objectives.

ASSETS & CHALLENGES

Assets

- Since 2001, the YHII has impacted over 70 pediatric and family medicine practices across the state of Vermont.
- Through partnerships, the YHII is able to collaborate with many State organizations and systems including the Vermont chapter of the American Academy of Pediatrics, the Vermont Chapter of the American Academy of Family Physicians, the Vermont Department of Health, Vermont Medicaid, and private insurers.
- YHII is housed at VCHIP, a population-based maternal and child health services research and quality improvement program of the University of Vermont, providing the project with leadership and expertise in quality improvement work, as well as a network of engaged primary care practices.

Challenges

- It can be difficult to keep busy primary care practices excited about quality improvement projects when faced with competing priorities
- Obtaining the voice of adolescents and young adults can be difficult

Overcoming Challenges

- Offering busy primary care physicians incentives, such as Part IV, Maintenance of Certification (MOC) credits, or Continuing Medical Education (CME) credits is a strategy to help engage practices
- The newly established Vermont Youth Health Advisory Council, facilitated by the YHII team, has provided the voice of the adolescent and young adult, and will help to inform future project work.

LESSONS LEARNED

While advocating for comprehensive, high quality preventive care is important, the real work comes in creating interest and value with adolescents, young adults, and parents and guardians to fully acknowledge the value in annual well-care visits.

Addressing the strategic priorities of the private insurers, Vermont Medicaid, and the Vermont Department of Health is key to creating collaborative partnerships.

FUTURE STEPS

Currently, hard at work cultivating our newly established Youth Health Advisory Council, which will help inform future initiatives in the YHII and throughout the state of Vermont.



COLLABORATIONS

The YHII is able to collaborate with many State organizations and systems including the Vermont chapter of the American Academy of Pediatrics, the Vermont Chapter of the American Academy of Family Physicians, the Vermont Department of Health, Vermont Medicaid, and private insurers.

PEER REVIEW & REPLICATION

Duncan P, Frankowski B, Carey P, Kallock E, Delaney T, Dixon R, Garcia A, Shaw JS, Improvement in Adolescent Screening and Counseling Rates for Risk Behaviors and Developmental Tasks, Pediatrics 2012, Nov;130,10.1542/peds.2011-2356

Duncan P, Garcia A, Frankowski B, Carey P, Kallock E, Dixon R, Shaw JS, Inspiring Healthy Adolescent Choices: A Rationale for and Guide to Strength Promotion in Primary Care. Journal of Adolescent Health 41 (2007) 525-535.

The work of the YHII project is replicated within the state through the sharing of best practices within the network of practices who are engaged with VCHIP. The YHII project impacts not only those practices and clinicians who directly work with the project team, but also works within VCHIP to inform the work of other projects, where adolescent expertise may be needed.

RESOURCES PROVIDED

- Vermont Child Health Improvement Program <http://www.med.uvm.edu/vchip/home>
- Youth Health Improvement Initiative <http://www.med.uvm.edu/vchip/yhii>
- National Improvement Partnership Network (NIPN) Adolescent and Young Adult Health standard measures set to assess and track improvement http://www.uvm.edu/medicine/nipn/?Page=measures_form.html
- Promoting Healthier Weight in Pediatrics; a toolkit for Vermont primary care providers <http://contentmanager.med.uvm.edu/docs/default-source/vchip-documents/promotinghealthierweightinpediatrics.pdf?sfvrsn=2>

Key words: Adolescent; Young Adult; Well Care Visit

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