

New Directions to Improve Preventive Care Discussions for Adolescents and Young Adults

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The passage of the Affordable Care Act reduced financial barriers to preventive care,¹ and the development of adolescent vaccines prompts patients to visit their primary care providers more frequently.² This provides a rich opportunity to improve the delivery of adolescent preventive services. In this month's *Pediatrics*, Santelli et al³ report findings from a national survey of adolescents and young adults about discussing potentially sensitive topics with medical providers during primary care visits. Notably, private time with providers, explanation of confidentiality, and risk-factor screening were associated with discussing more topics during these visits. Collectively, these findings provide important direction for efforts to improve the delivery of adolescent preventive care.

Advances in primary care management of chronic conditions, preventive care for young children, and quality improvement science over the past 2 decades inform how best to implement these elements of primary care. Changing office systems to promote consistent screening, private time with providers, and confidentiality policies can be done through changing office culture, assigning new roles to office staff, working in teams, and measuring performance. By involving the whole practice, the burden of ensuring the elements of adolescent preventive care that facilitate discussion of potentially sensitive topics is lifted from individual providers.

Establishing a practice-wide understanding of confidentiality policies would be essential, especially with team-based care models in which multiple staff members may share the responsibility of protecting confidential information. Then, front desk staff and medical assistants working in partnership with providers could administer screening tools as well as explain private time and confidentiality policies to families. This has the potential to convey a sense of normalcy and to set expectations for when the provider asks a patient's parent or caregiver to step outside of the examination room. Routinely measuring performance, such as assessing the proportion of adolescents completing screening questionnaires, receiving information about confidentiality, and having private conversations, will help identify the sources of gaps in care and avenues for improvement.

The concept of alternative providers, such as health educators, delivering some elements of preventive care to families of young children has been tested in a few different models⁴; these models have implications for adolescent preventive care. These alternative providers can be nurses, social workers, or even parents with appropriate training. Compared with primary care providers, these individuals have greater flexibility and can spend more time with patients when needed. In addition, they ensure that screening for developmental and mental health conditions and other risk

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factors is completed and appropriate referrals for services are made. In these models, the alternative providers can be contacted by families outside of office visits when questions arise, offering advice and counseling by phone and electronic communication. In at least 1 model,⁵ families are “tiered” on the basis of social risk factors, with higher-tiered families receiving more intensive services. These models could be considered for adolescent preventive care, with health educators complementing discussions adolescents have with busy providers by providing more in-depth conversations about health behaviors and employing techniques such as motivational interviewing and resource finding. Some adolescents may be more comfortable discussing these topics with a health educator, compared with a physician or nurse practitioner. Furthermore, these same health educators can provide ongoing advice as topics arise after the visit.

Finally, the concept of delivering preventive care during visits for acute illness deserves mention.⁶ Adolescents have less frequent visits than young children,⁷ resulting in comparatively fewer opportunities for one-on-one engagement. Following-up on previous discussions of potentially sensitive topics during acute illness visits promotes an inviting environment for adolescents to bring concerns to the provider and

may prove to be more efficient than separate appointments.

Adolescents have many sources of information on these potentially sensitive topics, including parents, social media, and school health programs.⁸ However, these sources sometimes provide inaccurate and incomplete information. Primary care providers offer specific, tailored, and reliable advice on the basis of an adolescent’s individual needs and family context; few other entities can fill this role. Furthermore, primary care providers can pose questions directly to adolescents on topics that adolescents may not be inclined to introduce themselves (eg, gun safety), which Santelli et al³ report is discussed much less frequently than other topics. Because of the Patient Protection and Affordable Care Act and other legislation, care for health concerns related to potentially sensitive topics (eg, coverage for contraception and treatment of substance use disorders) is more accessible. Discussing potentially sensitive topics with regularity in pediatric primary care establishes positive patterns for help seeking later in adulthood. In their article, Santelli et al³ offer evidence for what infrastructure elements promote such discussion. The next steps are to develop and test interventions to implement and sustain these elements and to examine how best to craft these discussions to effect engagement with health care that

mitigates health risks in adolescents and young adults.

REFERENCES

1. Boyle CA, Perrin JM, Moyer VA. Use of clinical preventive services in infants, children, and adolescents. *JAMA*. 2014;312(15):1509–1510
2. Broder KR, Cohn AC, Schwartz B, et al; Working Group on Adolescent Prevention Priorities. Adolescent immunizations and other clinical preventive services: a needle and a hook? *Pediatrics*. 2008;121(suppl 1):S25–S34
3. Santelli JS, Klein JD, Song X, et al. Discussion of potentially sensitive topics with young people. *Pediatrics*. 2018;143(2):e20181403
4. Freeman BK, Coker TR. Six questions for well-child care redesign. *Acad Pediatr*. 2018;18(6):609–619
5. HealthySteps Logic Model. Available at: www.healthysteps.org/. Accessed November 2, 2018
6. Flocke SA, Stange KC, Goodwin MA. Patient and visit characteristics associated with opportunistic preventive services delivery. *J Fam Pract*. 1998;47(3):202–208
7. Rand CM, Goldstein NPN. Patterns of primary care physician visits for US adolescents in 2014: implications for vaccination. *Acad Pediatr*. 2018;18(suppl 2):S72–S78
8. Guttmacher Institute. American adolescents’ sources of sexual health information. Available at: www.guttmacher.org/fact-sheet/facts-american-teens-sources-information-about-sex. Accessed November 2, 2018

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