

## Division of Maternal & Child Health

### BRIEF: Adolescent Well Visits

*The vision of the Division of Maternal and Child Health is that the health and wellness of Vermont's women, children, and families is a foundation for the health of all Vermonters. We work to achieve this vision through strategies that are family centered, evidence-based, and data driven.*

#### Priority Area

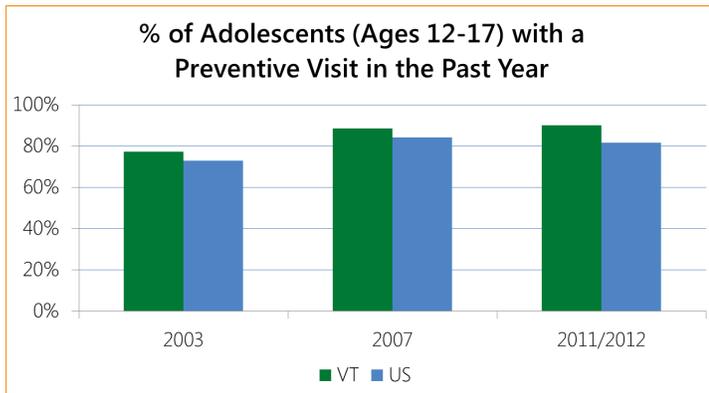
Youth choose healthy behaviors and thrive

#### Performance Measure

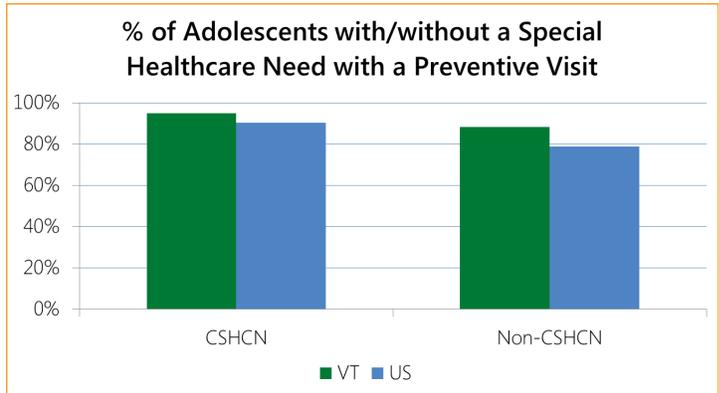
% of adolescents, ages 12-17, with a preventive medical visit in the past year

**Introduction.** Adolescent annual well care allows for early detection of problems. Most adolescent morbidity and mortality is preventable (risky sexual activity, substance abuse, vehicle related injuries, violence against others, violence against self). Adolescent annual well care is also an important opportunity for building a trusting relationship between the provider and the teen, more opportunity to promote the strengths of the adolescent and his/her healthy development. Adolescents, parents and providers all identify barriers to annual adolescent visits.

#### Results.



Source: National Survey of Children's Health (NSCH), 2003, 2007, and 2011-2012



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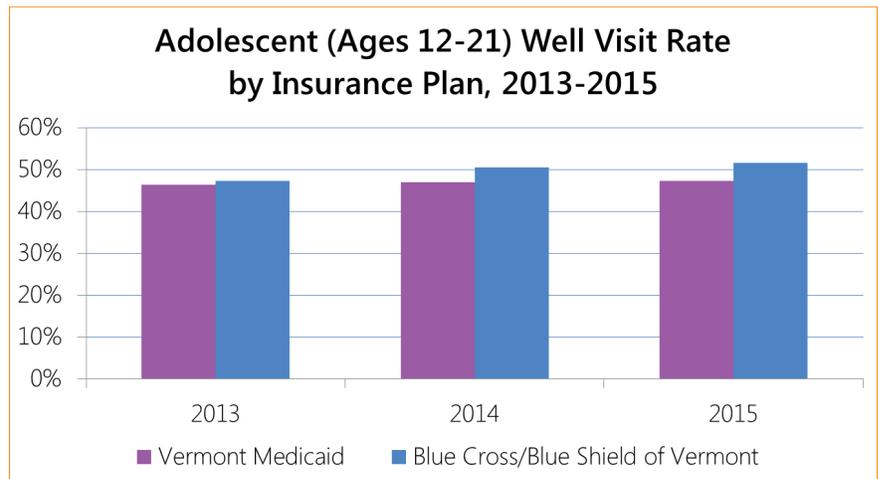
■ Our baseline measure, adolescents ages 12 through 17 with a preventive medical visit in the past year, is drawn from the National Survey of Children's Health (NSCH). The Healthy People 2020 target rate for this measure is 75.6%. Both Vermont and the U.S. as a whole significantly exceed the target rate in both 2007 and 2011-12, and Vermont significantly exceeds the U.S. in all three years. (2003: 77.3% vs 73.0%, 2007: 88.6% vs. 84.2%, 2011-12: 90.2% vs. 81.7%). Adolescents with a special health care need are more likely than those without to have had a preventive visit within the past year (94.4% compared to 88.4%). As these rates are based on parental recall, they are believed to be over-estimates. In addition, the 12 to 17 age group is narrower than the all-adolescent population for which the target is set and older adolescents are known to have lower rates of well-visits.

■ Findings from a review of medical charts of 33 pediatric practices in VT, show lower rates of preventive visits in young adolescents 11 to 13. The spike in visits at age 12 is likely due to vaccines required for 7th grade entrance.

#### Well visits in CHAMP Network practices, VCHIP, 2013 (33 practices, 975 records)

	Age 11	Age 12	Age 13
% of adolescents with an annual well visit	69%	75%	48%

Here is a snapshot of adolescent well visits, as reported by two of Vermont's major health insurers.



## Vermont Strategies.

- Through a **national quality improvement initiative**, partner with practices to identify local barriers to adolescent health visits; help identify and test new strategies to address these barriers
- MCH Coordinators and school liaisons promote **Bright Futures with health care providers and community partners**, including annual well care visits
- Conduct **assessment of school based health centers** in VT and promote connections to medical homes
- Fund participation in the **school nurse advisory committee** who's primary role is to: a) review/ update the Standard of Practice: School Health Services; b) contribute to new school nurse orientation; c) promote the school nurse leader model
- Partner with Vermont Child Health Improvement Program (VCHIP), to provide leadership to the **CHAMP project**, a QI initiative which **monitors measures of health care**, including adolescent well visits and identifies strategies for practice improvement
- **VDH School Liaisons and VCHIP provide TA** to school nurses to facilitate connections between schools and medical homes
- Identify and develop **communication materials and social media strategies** for providers, parents/ care takers, and adolescents, to be used in tandem with EPSDT outreach and informing letters, school nurse materials, and patient handouts
- Explore funding the **purchase of and training on EHRs** in schools to help school nurses monitor preventive health services and linkages to the medical home
- Strengthen **partnerships with Vermont's ACOs** to leverage opportunities to focus on improving adolescent well visits (a Vermont ACO measure)
- Promote **Vermont's School Wellness Policy Guidelines**, which outlines recommendations for schools in fostering well care visits
- Identify **outreach and engagement strategies** in working with the **New American population**

## Data Issues.

(i) In the NSCH, Vermont's relatively small sample sizes are often associated with suppressed data or wide confidence intervals, hindering interpretation in these subgroup analyses. (ii) In 2011-2012, the NSCH changed from a landline-only sample to a dual-frame sample including landlines and cell phones. Therefore, estimates may not be comparable over time.

## Data Sources.

[2003, 2007 & 2011/12 National Survey of Children's Health \(NSCH\)](#)  
[CHAMP Network Data Summary Report 2013 Findings](#)

Vermont Medicaid claims database  
Blue Cross/Blue Shield of Vermont claims database

## Contact.

Nathaniel Waite, Child Health Prevention Coordinator ■ [Nathaniel.Waite@vermont.gov](mailto:Nathaniel.Waite@vermont.gov) or (802) 865-1399