INCREASING ADOLESCENT SEXUAL HEALTH SERVICES IN PRIMARY CARE

Challenges and Opportunities
Adolescent Sexual Health Services: Challenges and Opportunities

- Health systems level
- Provider level
- Patient (adolescent) and parent level
Challenges

- Adolescents not seeking preventive health care
  - Health seeking behavior
  - Uninsured or under-insured

- Adolescent concern with confidentiality
  - Disclosure through billing

- Provider STI screening practices
  - Comfort
  - Training
Adolescent preventive health care

Accessibility and Availability
Underinsurance among US children and adolescents

- Adolescents are 37% more likely than younger children to be underinsured.
- Underinsured children vs. continuously and adequately insured children were significantly more likely:
  - to be without a medical home;
  - to have delayed or forgone care;
  - to have difficulty obtaining needed specialist care.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Attended a Preventive Care Visit, %</th>
<th>OR (95% CI)</th>
<th>aOR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total sample</td>
<td>37.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White (referent group)</td>
<td>40.6</td>
<td>0.80 (0.67–0.96)</td>
<td>0.97 (0.79–1.19)</td>
</tr>
<tr>
<td>Black</td>
<td>35.4</td>
<td>0.67 (0.58–0.77)</td>
<td>0.94 (0.80–1.10)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>31.2</td>
<td>0.67 (0.58–0.77)</td>
<td>0.94 (0.80–1.10)</td>
</tr>
<tr>
<td>Income group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥400% FPL (referent group)</td>
<td>47.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>200–399% FPL</td>
<td>36.0</td>
<td>0.62 (0.52–0.73)</td>
<td>0.64 (0.54–0.76)</td>
</tr>
<tr>
<td>&lt;200% FPL</td>
<td>31.7</td>
<td>0.51 (0.43–0.60)</td>
<td>0.57 (0.46–0.70)</td>
</tr>
<tr>
<td>Insurance status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-year private insurance</td>
<td>42.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-year public insurance</td>
<td>35.3</td>
<td>0.75 (0.65–0.88)</td>
<td>1.00 (0.84–1.20)</td>
</tr>
<tr>
<td>Partial-year uninsured</td>
<td>32.1</td>
<td>0.65 (0.53–0.79)</td>
<td>0.86 (0.70–1.10)</td>
</tr>
<tr>
<td>Full-year uninsured</td>
<td>22.6</td>
<td>0.40 (0.32–0.51)</td>
<td>0.53 (0.41–0.68)</td>
</tr>
</tbody>
</table>

OR indicates odds ratio; CI, confidence interval; aOR, adjusted odds ratio.

a $P < .01$.

b Variables adjusted for age, gender, FPL category, insurance status, and region.

c $P < .001$.

d Variables adjusted for age, gender, race/ethnicity, insurance status, and region.

e Variables adjusted for age, gender, race/ethnicity, FPL category, and region.
Adolescent primary care visits

- 30% had no preventive care visits
- 40% had only one preventive care visit
- Nonpreventive care visits were more frequent

Table 2. Adjusted Mean Number of Preventive and Nonpreventive Care Visits Among Continuously Enrolled Adolescents Between the Ages of 13 and 18 Years, HealthPartners 1998-2007.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Preventive Care Visits</th>
<th>Nonpreventive Care Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean No. (SD)</td>
<td>P Value</td>
</tr>
<tr>
<td>Insurance type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial</td>
<td>1.070 (0.947)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Government</td>
<td>1.1781 (1.094)</td>
<td></td>
</tr>
</tbody>
</table>
Adolescent confidential care

Accessibility and Availability
Confidential adolescent preventive health care?

- **40%** of 12- to 17-year-olds who received preventive health visit spent time alone with a provider
  - unlikely that most adolescents were screened or counseled in sensitive areas, i.e., sexuality, mental health and substance use
- Rates significantly lower for females, younger teens, Hispanic and the poorest adolescents

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Met with Doc Alone (%)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Sample</strong></td>
<td>39.5</td>
<td></td>
</tr>
<tr>
<td><strong>Race/ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>42.8</td>
<td>ref</td>
</tr>
<tr>
<td>Black</td>
<td>38.9</td>
<td>NS</td>
</tr>
<tr>
<td>Hispanic</td>
<td>23.6</td>
<td>&lt;.001</td>
</tr>
<tr>
<td><strong>Income Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥400% FPL</td>
<td>47.0</td>
<td>ref</td>
</tr>
<tr>
<td>200-399% FPL</td>
<td>41.3</td>
<td>NS</td>
</tr>
<tr>
<td>&lt;200% FPL</td>
<td>27.6</td>
<td>&lt;.001</td>
</tr>
<tr>
<td><strong>Insurance status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-year private insured</td>
<td>42.1</td>
<td>ref</td>
</tr>
<tr>
<td>Full-year public insured</td>
<td>35.1</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Partial-year uninsured</td>
<td>35.5</td>
<td>NS</td>
</tr>
<tr>
<td>Full year uninsured</td>
<td>30.6</td>
<td>NS</td>
</tr>
</tbody>
</table>

Proportion of adolescents* who attended a preventive care visit that met with doctor alone


*age 12-17 years
Importance of confidential adolescent health care

- Recognized by all major health professional organizations
- Private conversations between adolescents and health care providers are developmentally appropriate
  - adolescents need to learn skills to become responsible for own health and health care
  - Private conversations with provider allows discussion of topics that adolescents may not discuss with parent present

Ford CA. Which Adolescents Have Opportunities to Talk to Doctors Alone? J Adolesc Health 2010;46:307–8
Importance of confidential adolescent health care

- Research shows that adolescents’ concerns about privacy can
  - delay or prevent some adolescents from seeking health care
  - interfere with open patient-physician communication about issues that need to be discussed
    - i.e., sexual behaviors, substance use, and mental health
Sexual Behaviors of US High School Students
2009 Youth Risk Behavior Survey

- Ever Had Sexual Intercourse: 46.0%
- Did Not Use a Condom at Last Sex: 38.9%
- Had Sex Before Age 13: 5.9%
- Used Drugs/Alcohol at Last Sex: 21.6%
- Had 4 or More Sexual Partners: 13.8%

US
Minors’ rights to consent to health care

- **Status (varies by state)**
  - Pregnant minors for care impacting their pregnancy
  - Minors who are parents
  - Married minors
  - Emancipated minors
  - Mature minors

- **Service (varies by state)**
  - STI testing and treatment
  - HIV tests
  - Post-sexual assault care
  - Reproductive healthcare, including pregnancy tests, birth control,
  - Prenatal care and delivery
  - Emergency care
  - Mental health care
Consent and Confidentiality vs. Reimbursement

- Mandate for consent ≠ mandate to protect confidentiality
  - Many states’ laws that authorize minors to consent to care restrict disclosure of that information

- Mandate for consent and/or confidentiality does not translate in reimbursement
  - Consent status of adolescents is not known by insurers at the time care is reimbursed
  - Most laws that authorize minors to consent for care do not make provisions for payment of services or remove obligation to pay for them
Billing for confidential services is complex problem

- Many commercial health plans send an explanation of benefit (EOB) home to primary insured
  - list all services billed to health plan

- EOB may disclose confidential services
  - i.e., may list reproductive, substance abuse, or mental health services rendered to adolescent (or adult) dependent

- No suppression of EOB or content of EOB allowed

- Insurers are not required to provide EOB if the insured has no payment liability or liable only for copayment
**Aetna**

P.O. BOX 150431
HARTFORD, CT 06115-0431

---

**EXPLANATION OF BENEFITS**

Please Retain for Future Reference
Date Printed: 03/28/03
Page 1 of 1

**THIS IS NOT A BILL**

**QUESTIONS?** Contact us at aetnanavigator.com
For Customer Service please call: 1-800-999-9999
1000 Middle Street
Middletown CT 06457
Or write to the address shown above.

---

**Notes:** This is the claim detail for the bills received on 03/21/03.

*NEW STATEMENT DESIGN:* this statement enhances the Explanation of Benefits. See www.aetna.com/members/eob for an interactive statement with field-by-field descriptions.

---

**Claim Activity for John T Doe (Self)**

Member: John T. Doe
Group Name: ABC Company

---

<table>
<thead>
<tr>
<th>DATE AND TYPE OF SERVICE</th>
<th>SUBMITTED CHARGES</th>
<th>NEGOTIATED AMOUNT</th>
<th>NOT PAYABLE BY PLAN</th>
<th>SEE REMARKS</th>
<th>YOUR COPAY</th>
<th>YOUR DEDUCTIBLE</th>
<th>AMOUNT REMAINING</th>
<th>PAID AT</th>
<th>PLAN PAYS</th>
<th>YOUR SHARE OF AMOUNT REMAINING</th>
<th>Total Patient Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Hospital</td>
<td>65.00</td>
<td></td>
<td>15.00</td>
<td>1</td>
<td></td>
<td></td>
<td>50.00</td>
<td>100%</td>
<td>$50.00</td>
<td></td>
<td>15.00</td>
</tr>
<tr>
<td>03/17/03</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Visit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Services</td>
<td>10.00</td>
<td></td>
<td>10.00</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10.00</td>
</tr>
</tbody>
</table>

---

**Member ID:** Please refer to ID Card
Group Number: 660379-10-001 AB DAMG7D
<table>
<thead>
<tr>
<th>DATE AND TYPE OF SERVICE</th>
<th>SUBMITTED CHARGES</th>
<th>NEGOTIATED AMOUNT</th>
<th>NOT PAYABLE BY PLAN</th>
<th>SEE REMARKS</th>
<th>YOUR COPAY</th>
<th>YOUR DEDUCTIBLE</th>
<th>AMOUNT REMAINING</th>
<th>PAID AT</th>
<th>PLAN PAYS</th>
<th>YOUR SHARE OF AMOUNT REMAINING</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Hospital</td>
<td>65.00</td>
<td>15.00</td>
<td>1</td>
<td>1</td>
<td>50.00</td>
<td>100%</td>
<td>$50.00</td>
<td>15.00</td>
<td>10.00</td>
<td>$25.00</td>
<td></td>
</tr>
<tr>
<td>Office Visit</td>
<td>10.00</td>
<td>10.00</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Services</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>G</td>
<td>H</td>
<td>I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Column Totals</td>
<td>$75.00</td>
<td>$25.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$50.00</td>
<td>$50.00</td>
<td>$25.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**General Hospital May Bill You:**

\[ C + D + E + H = I \]

**Remarks:**

1 - Your plan provides benefits for covered expenses at the prevailing charge level, as determined by Aetna, made for the service in the geographical area where it is provided. In determining the amount of a charge that is covered we may consider other factors including the prevailing charge in other areas. If there is additional information that should be brought to our attention, please contact us.

**Plan Summary for 01/01/03 - 12/31/03**

<table>
<thead>
<tr>
<th>Description</th>
<th>Fund Benefit</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Health Fund</td>
<td>Beginning Balance</td>
<td>YTD-Used</td>
<td>Balance Remaining</td>
<td></td>
</tr>
<tr>
<td>Fund Benefit</td>
<td>$500.00</td>
<td>$186.36</td>
<td>$313.64</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Annual Limit</th>
<th>Year To Date</th>
<th>Remainder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Limits</td>
<td>Medical In Network Deductible</td>
<td>$2,000.00</td>
<td>$186.36</td>
</tr>
<tr>
<td>Medical In Network Share of Amount Remaining (Coinsurance)</td>
<td>$1,500.00</td>
<td>$50.00</td>
<td>$1,450.00</td>
</tr>
<tr>
<td>Medical Out of Network Deductible</td>
<td>$2,000.00</td>
<td>$186.36</td>
<td>$1,813.64</td>
</tr>
<tr>
<td>Medical Out of Network Share of Amount Remaining (Coinsurance)</td>
<td>$3,500.00</td>
<td>$50.00</td>
<td>$3,450.00</td>
</tr>
</tbody>
</table>

**Payment Summary:**

Sent To: John T. Doe
Date Sent: 03/26/2003
Amount: $50.00
Provider STI screening practices
Chlamydia Screening Coverage* Trends (Females Aged 15-24, HEDIS)

*Among women enrolled in commercial or Medicaid plans who had a visit where they were determined to be sexually active

The State of Healthcare Quality, 2010:

http://www.ncqa.org/portals/0/state%20of%20health%20care/2010/SOHC%202010%20-%20Full2.pdf
Is this hopeless????

No!!!!
There is hope!
### TABLE 1. Pediatricians’ Interest in Having Their Practice Offer or Expand Selected Adolescent Services If Payment Was Not an Issue

<table>
<thead>
<tr>
<th>Adolescent Services</th>
<th>Interest in Offering as a New Service</th>
<th>Interest in Expanding Current Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very Interested</td>
<td>Somewhat Interested</td>
</tr>
<tr>
<td>Health promotion/health education for adolescents</td>
<td>45%</td>
<td>42%</td>
</tr>
<tr>
<td>Health promotion/health education for parents</td>
<td>40</td>
<td>42</td>
</tr>
<tr>
<td>Risk assessment and identification</td>
<td>40</td>
<td>42</td>
</tr>
<tr>
<td>Risk reduction counseling services</td>
<td>40</td>
<td>42</td>
</tr>
<tr>
<td>Identification of sexual risks and STDs</td>
<td>30</td>
<td>37</td>
</tr>
<tr>
<td>Identification of mental health disorders</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>Treatment of mental health disorders</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>Identification of substance abuse disorders</td>
<td>31</td>
<td>39</td>
</tr>
<tr>
<td>Treatment of substance abuse disorders</td>
<td>17</td>
<td>21</td>
</tr>
<tr>
<td>Gynecological exams</td>
<td>11</td>
<td>23</td>
</tr>
<tr>
<td>Care coordination</td>
<td>28</td>
<td>33</td>
</tr>
</tbody>
</table>

The National Chlamydia Coalition (NCC) convened in 2008 to address the continued high burden of chlamydia infection, especially among women age 25 and under. The coalition strives to reduce the rates of chlamydia and its harmful effects among sexually active adolescents and young adults. Members are working together to achieve the following goals:

- Improve and protect the health of adolescents and young adults by increasing rates of chlamydia screening.
- Increase awareness of the importance of recommended chlamydia screening through public education.
- Encourage healthcare providers to increase screening rates.
- Advocate for policy changes to increase access and use of chlamydia screening and treatment services.
- Encourage research to enhance the prevention of chlamydia and its medical and social consequences.
For Healthcare Providers

The members of the National Chlamydia Coalition invite you to learn more about how to integrate chlamydia screening into clinical practice. Here, you can determine ways to address issues, such as maintaining confidentiality for teen patients and taking a sexual history.

Screening
Screening rates for chlamydia are low—only about 40 percent of young women are screened per year—and its asymptomatic nature results in millions of untreated cases.

Routine Chlamydia screening is recommended for all sexually active adolescents and young women 25 years of age and under. Chlamydia screening is among the top ten high value clinical preventive services ranked by the National Commission on Prevention Priorities and is one of the few evidence-based recommendations for adolescent preventive care.

Chlamydia and STD Resources for Healthcare Providers
This document contains information on CME activities, forms, and publications to improve chlamydia detection and treatment among adolescents.
Contents

This document contains information on available online and in-person CME opportunities, materials to use in teaching healthcare providers, sources of public education materials for patients, and clinical practice tools. All resources listed were reviewed for scientific and technical accuracy by members of the National Chlamydia Coalition (NCC).

I. Provider learning materials + CMEs

II. Teaching and clinical presentation materials

III. Patient education materials

IV. Clinical practice tools

V. Policy maker resources

“Screen all sexually active females 24 years of age and younger for chlamydia annually”

—US Preventive Services Task Force
CHLAMYDIA RATES

Infection with *Chlamydia trachomatis* (chlamydia) is extremely common, with higher rates in certain populations and locations. Rates of chlamydia in a few selected settings include:

- 14.0 percent among females in managed care plans\(^1\)
- 2.8 to 14.5 percent of female patients in family planning clinics\(^2\)
- 9.5 percent among female Army recruits\(^3\)
- 9.7 percent among freshman college students\(^4\)
- 9.7 to 14.3 percent among general Emergency Department patients\(^5,6\)
- 6.9 percent among homeless youth\(^7\)

Contents

1. The Case for Chlamydia Screening
   *Figure 1: Rates of Chlamydia Infection*
2. *Figure 2: Sequelae of Untreated Chlamydia*
3. Screening and Diagnostic Tests for Chlamydia
   *Figure 3: Chlamydia Screening Path*
4. Coding for Screening and Counseling
5. Chlamydia Treatment Recommendations
   *Figure 4: Chlamydia Diagnosis and Treatment Path*
6. Sexual History Taking
7. *Figure 5: Teen Friendly Office Tips*
8. Consent and Confidentiality of Services to Adolescents
9. Putting Screening Into Practice
10. Additional Sources of Information
15. References

Links to the resources in this guide can be found on the Web at www.prevent.org/ChlamydiaScreening
Teen Friendly Office Tips

These office practices and suggestions can be adapted to any outpatient medical setting. Choose the ones that work in your office.

- Report lab results
- Prescribe treatment
- Discuss partner notification

Partner Notification

- Partner must seek health care
- No sexual contact until seven days after treatment begins

Normalize screening: “We routinely screen our patients to make sure we are not missing a problem.”

Offer materials in a private location where teens will feel comfortable taking them

Develop and post a policy of confidentiality

Teens friendly magazines and posters

Make sure materials will fit into a pocket or purse

Office phones and triage are private

Establish practice-wide policy of time with adolescent without parent present

Encourage teens to share information with parent or trusted adult

Offer office hours after school or walk in hours for teens
Materials

Bright Futures materials are designed to be useful to a wide range of audiences from health care professionals and those who provide health care for children, to parents and others in the community who participate in youth-oriented activities such as coaches, educators, child care workers and others.

Bright Futures materials include:

- Health Supervision Guidelines, Pocket Guide, PDA, Health Promotion Information Sheets
- Practice Guides on Oral Health, Mental Health, Nutrition and Physical Activity
- PowerPoint presentations and Handouts
- Bright Futures Tool and Resource Kit
- Bright Futures Activity Book

Several of the Practice Guides have been developed by other organizations and are currently undergoing revision by AAP through the Bright Futures Education Center. The American Academy of Pediatrics is not responsible for the specific content of Bright Futures materials developed by other organizations. As new Practice Guides and other Bright Futures materials are published, we will make these materials available through this site. To receive our electronic newsletter which will alert you to new materials, click here.
USPSTF* Grade A and B and ACIP* recommendations for adolescents and young adults

<table>
<thead>
<tr>
<th>Screening or counseling service</th>
<th>Target Population</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical cancer (Pap smear)</td>
<td>Sexually active females</td>
<td>A</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>Sexually active females</td>
<td>A</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>Sexually active females</td>
<td>B</td>
</tr>
<tr>
<td>HIV</td>
<td>High risk for STDs</td>
<td>A</td>
</tr>
<tr>
<td>Syphilis</td>
<td>High risk for STDs</td>
<td>A</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>All adolescents and adults</td>
<td>B</td>
</tr>
<tr>
<td>Depression</td>
<td>All adolescents and adults</td>
<td>B</td>
</tr>
<tr>
<td>Obesity</td>
<td>Children age 6+ and adults</td>
<td>B</td>
</tr>
<tr>
<td>Tdap, influenza, and meningococcal vaccine</td>
<td>Adolescents</td>
<td>NA</td>
</tr>
<tr>
<td>HPV vaccine</td>
<td>Adolescent females</td>
<td>NA</td>
</tr>
</tbody>
</table>

*USPSTF: U.S. Preventive Services Task Force; ACIP: Advisory Committee on Immunization Practices
Need help from state legislators!!!!

- Expand adolescent sexual health coverage
  - Medicaid
  - Ensure Title X Family Planning Programs can offer STD screening
- Expand access to services
  - Increase trained health care providers to deliver prevention services
  - NYSDOH Comprehensive Adolescent Pregnancy Prevention initiative
    - Funding to improve the quality of sexual health care services provided to adolescents across New York State by providing professional educational opportunities and professional resources
- Work with health departments to address special needs of high risk communities
- Work with professional medical associations
  - AAP, ACOG, AAFP
We share a common goal

Let’s work TOGETHER to achieve good sexual health for our youth!!!