

The Medical Home and Bright Futures- What does that have to do with teenage sexuality and pregnancy anyway?

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March 12-14, 2012

**Expanding Our Experience and Expertise:
Implementing Effective Teenage Pregnancy
Programs**

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



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Educational Objectives

- After this session attendees will:
 - Know the components of a medical home
 - Be familiar with Bright Futures Guidelines
 - Understand how these concepts can benefit participants in teen pregnancy prevention projects through an example of youth in foster care
 - Buzz Activity

We need to stop thinking outside the box and begin to think in a whole new box.



Healthy People 2020-Six Core Outcomes

- Children/youth with Special Health Care Needs (CYSHCN) will be screened early and continuously for special health care need
- Families of CYSHCN will participate in decision making at all levels and will be satisfied with the services they receive
- CYSHCN will receive regular ongoing comprehensive care within a medical home.

Healthy People 2020-Six Core Outcomes

- Families of CYSHCN will have adequate public and/or private insurance to pay for the services they need.
- Community-based service systems will be organized so families/youth can use them easily
- Youth with special health care needs (YSHCN) will receive the services necessary to make transitions to all aspects of adult life.

A Medical Home

- Is a community-based primary care setting which provides and coordinates high quality, planned, family-centered health promotion **and prevention**, acute illness care, and chronic condition management — across the lifespan.
 - Care in a medical home is rewarding for clinical teams to provide and satisfying for patients and families to receive
 - American Academy of Pediatrics

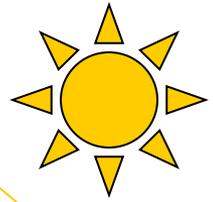
A MEDICAL HOME IS...

- Accessible
- Family-centered
- Continuous
- Comprehensive
- Coordinated
- Compassionate
- Culturally competent

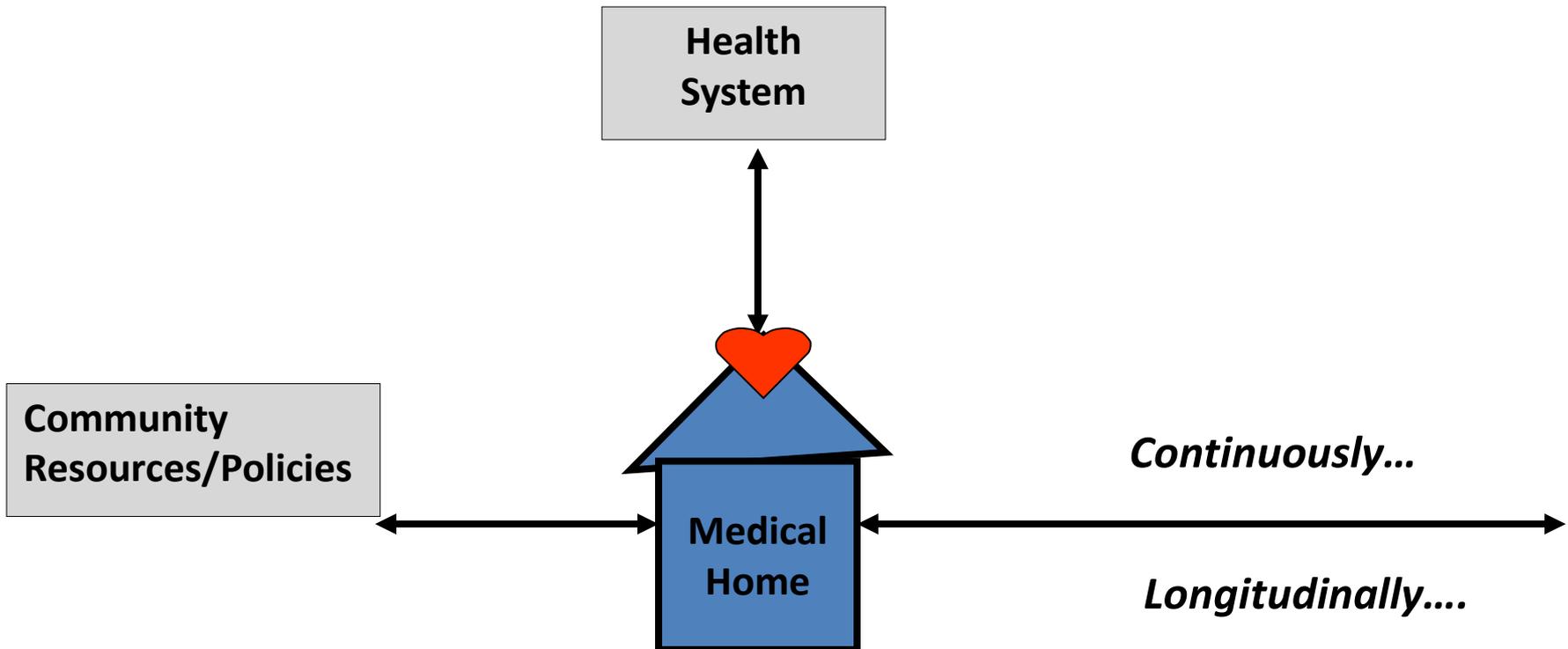


The Primary Care Medical Home At the Crossroads Integrating:

Investment in primary Care



- Vertically – among health care systems/specialists/PCPs/patients & families
- Horizontally – among patients & families/community agencies/schools, etc ...
- Continuously – with continuity of clinicians and medical home team members
- Longitudinally –over time with anticipatory guidance



Accountable Care Organizations

Key Elements

- **Primary Care is foundational-Medical Home**
- Define Roles of Subspecialists
- Define Role of Hospitals
- Governance
- Define Population

Challenges

- Risk Adjustment
- Time Horizon for Outcomes

Leveraging Opportunities

Affordable Care Act

- Quality primary care, extended age to remain on family plan, no charge preventative care

Medical Home – standards for recognition

- Reimbursement potential for population care/registries, care plans, coordination, population, registries, care plans, etc.
- Youth/family involvement, partnership and leadership
- Professional Organizations (AAP, AAFP, ACP, AANP etc.)
 - Resources/toolkits
 - Education, skills, proficiencies
 - Clinical training/residencies
 - MCO

Accountable Care Organizations

- **Primary Care is foundational**

Families Want and Need a Medical Home

- Offers a collaborative family-centered, team approach
- Develops a written summary of critical care information
- Has a developed process to integrate and coordinate care across multiple services



Bright Futures: Health Promotion/Disease Prevention in the Medical Home

*At the heart of the medical home is
the relationship between the clinician
and the family or youth*

History of the Bright Futures Guidelines

Supported and funded by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA), Department of Health and Human Services

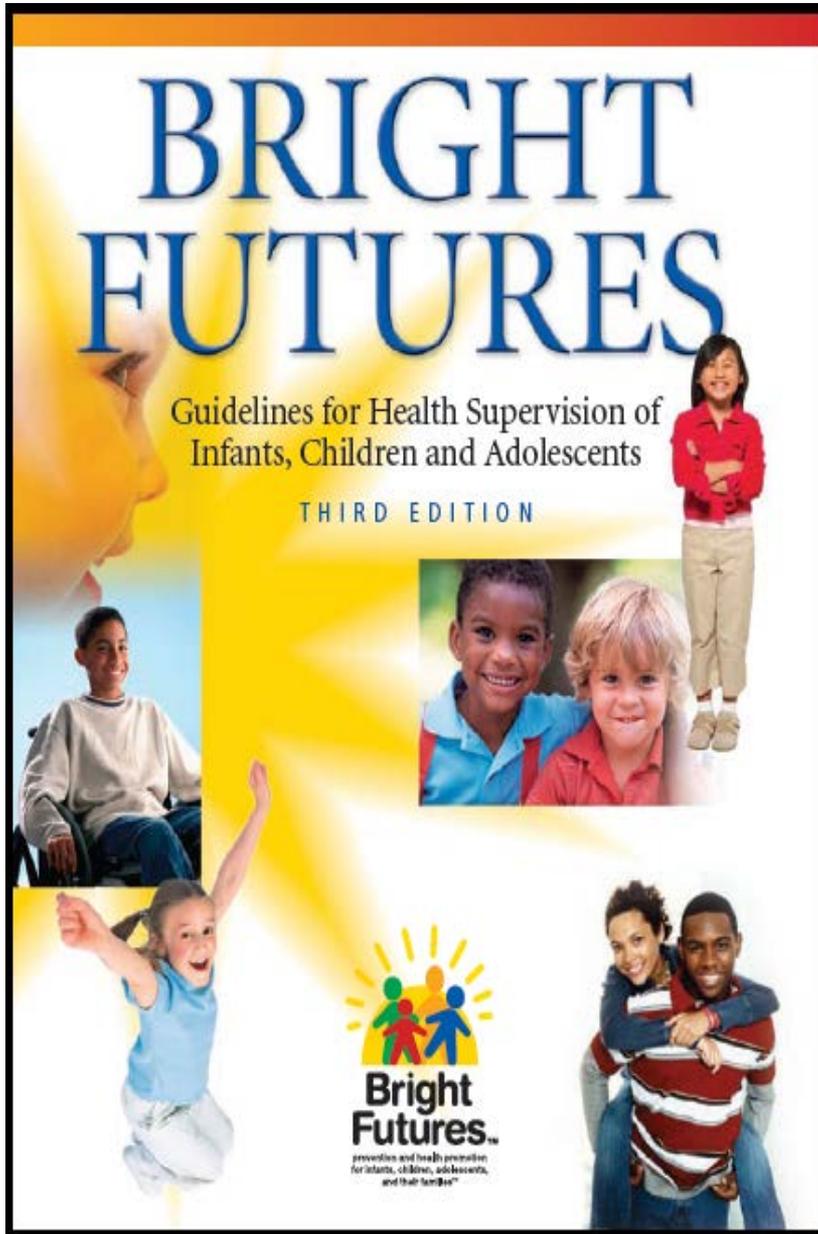
- First published in 1994**
- Updated in 2000—2nd edition**
- In 2002, AAP selected by MCHB to implement the next phase of the initiative**
- 3rd edition released in October 2007**
- In 2007, the AAP was awarded a second cooperative agreement to address implementation.**

Development of

The Bright Futures Guidelines, 3rd Ed.

The Mission

- Develop one set of uniform guidelines for the health supervision/well care of infants, children, adolescents and young adults**
- Address biopsychosocial issues impacting on child health**
- Strengthen medical homes**
- Use interventions which are *evidence driven***
- Include recommendations on immunizations, routine health screening, and anticipatory guidance**



...is a set of principles, strategies and tools that are theory - based, evidence - driven, and systems - oriented, that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.

Development of *The Bright Futures Guidelines, 3rd Ed.*

- **Our process**
 - **4 Multidisciplinary Age-Stage Expert Panels**
 - **Infancy**
 - **Early Childhood**
 - **Middle Childhood**
 - **Adolescence**
 - **Numerous AAP Leadership Groups**

Development of

The Bright Futures Guidelines, 3rd Ed.

- **The process**
 - **Evidence Panel**
 - **Nominated and Selected**
 - **Worked with each age/stage panel**
 - **Children and Youth With Special Health Care Needs Panel**
 - **Nominated and Selected**
 - **Worked with each age/stage panel**

Developing the Guidelines

- **Structure**

- **Part I—Themes**
- **Includes 10 chapters highlighting key health promotion themes**
- **Emphasizes “significant challenges”—mental health and healthy weight**
- **Part II—Visits**
- **Provides detailed health supervision guidance and anticipatory guidance for 31 age-specific visits**
- **Lists 5 priorities for each visit**
- **Includes sample questions and discussion topics for parent and child**

Sexual Development

- Anticipatory Guidance throughout all ages
- Sexual development and key data and statistics
- Sexual development and the promotion of healthy lifestyles for all ages
- How to teach about health related issues, eg. intercourse, pregnancy, and STI's

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Bright Futures Quality Measures Crosswalk

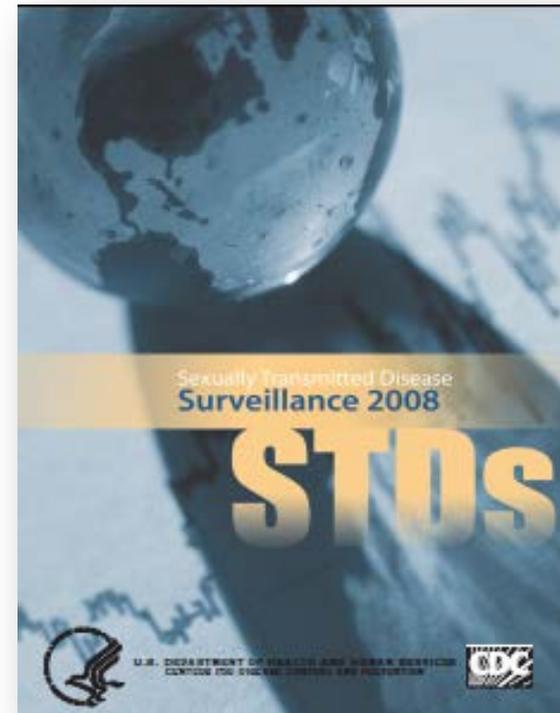
Topic Areas	Examples	AAP Bright Futures Measure	Hedis Measure	CHIPRA Core Quality Measure
Preventive Services				
	Age Appropriate Risk Assessments			
Medical	(lead, vision, hearing, TB, etc)	x		
	BMI	x	x	x
	oral health	x		x
	Chlamydia screening if sexually active	x	x	x
Parental/dev	Developmental Screening	x		x
	Autism Screening	x		x
	Maternal Depression	X		
	Anticipatory Guidance	x		
	Parental Concerns	x		
	Parental Strengths	x		
	Developmental surveillance for teens	x		
Systems	Identify CSHCN	x		
	Track referrals	x		
	Track and remind patients behind schedule	x		
	Well Child Visits (frequency)	x	x	x
	Immunizations	x	x	x
	shared decision-making	x		

Health Care Reform

- *“With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA).”*
- Recognizes that Bright Future Health Supervision Visits are the guidelines referred to as “Recommended Guidelines”

Burden of Chlamydial Infection

- Most commonly reported nationally-notifiable disease
 - Over 1.2 million cases reported in 2008
 - Many infections not detected
- Estimated 2.8 million cases occur each year
- Direct medical costs: \$678 million/year

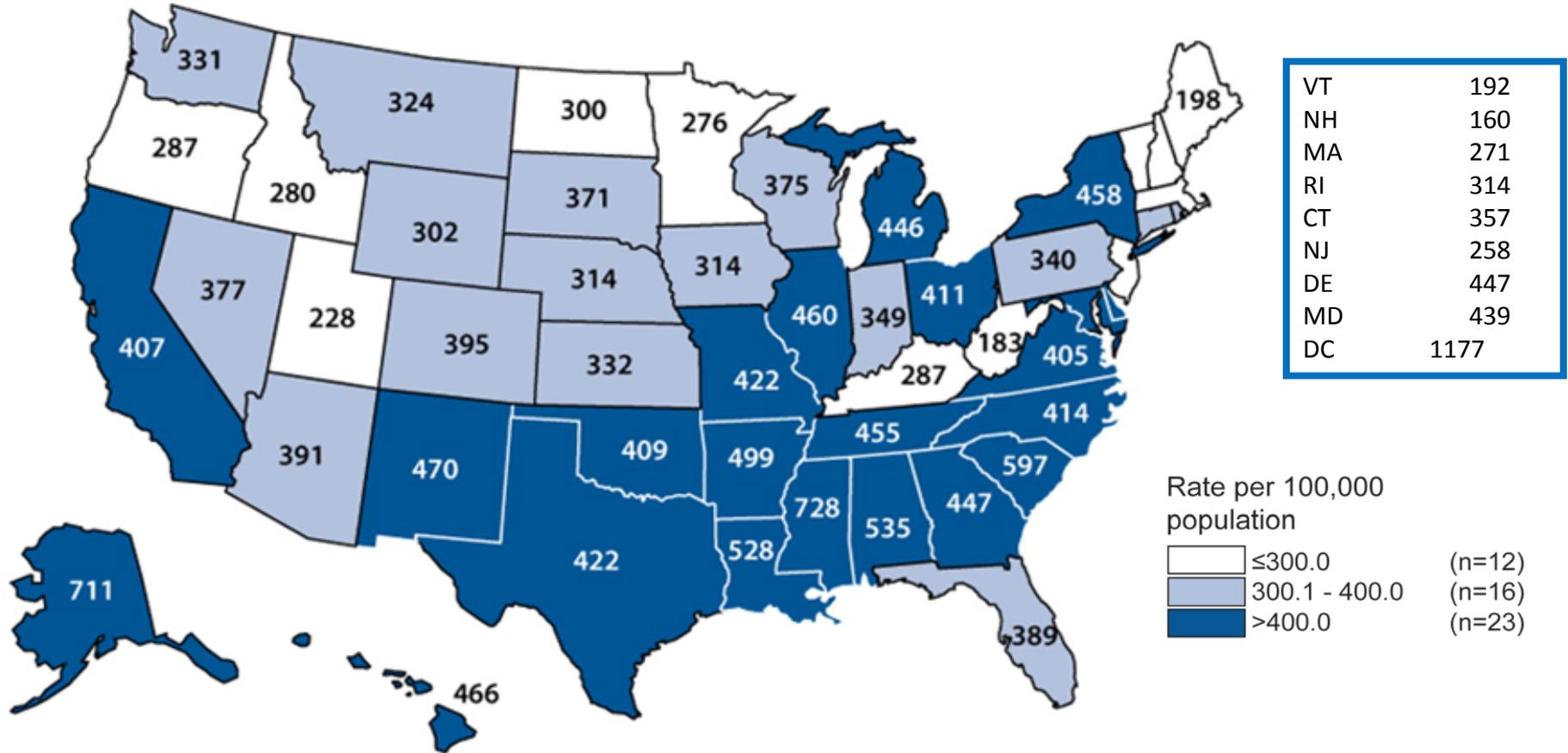


CDC *Sexually Transmitted Disease Surveillance, 2008*. Atlanta, GA: U.S. Department of Health and Human Services; November 2009

Weinstock H, Berman S, Cates W Jr. *Perspect Sex Reprod Health* 2004

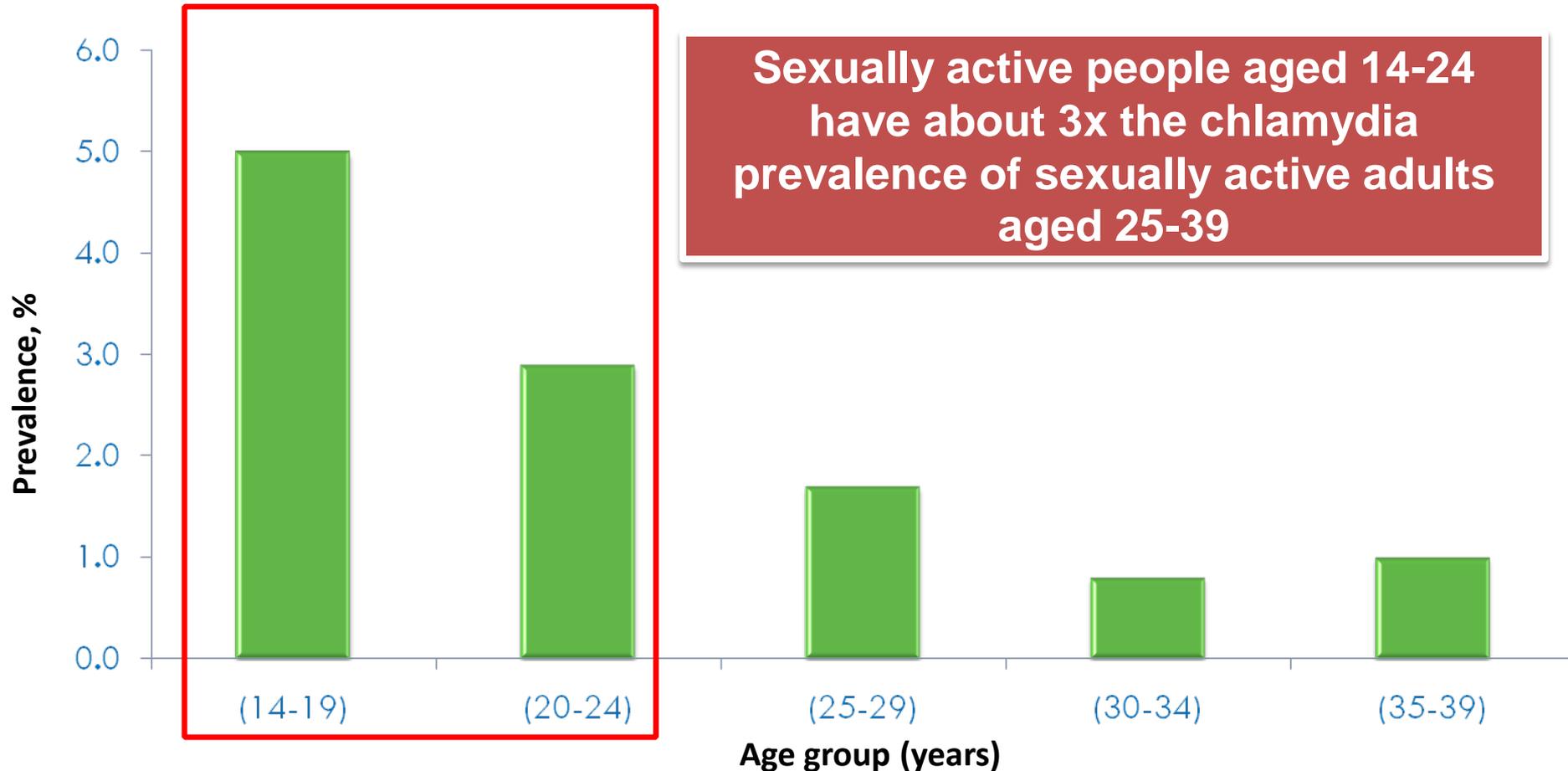
Chesson HW, et al. *Perspect Sex Reprod Health* 2004

Chlamydia Case Report Rates by State, 2008



CDC Sexually Transmitted Disease Surveillance, 2008. Atlanta, GA: U.S. Department of Health and Human Services; November 2009

Burden of Infection Highest Among Sexually Active Adolescents and Young Adults



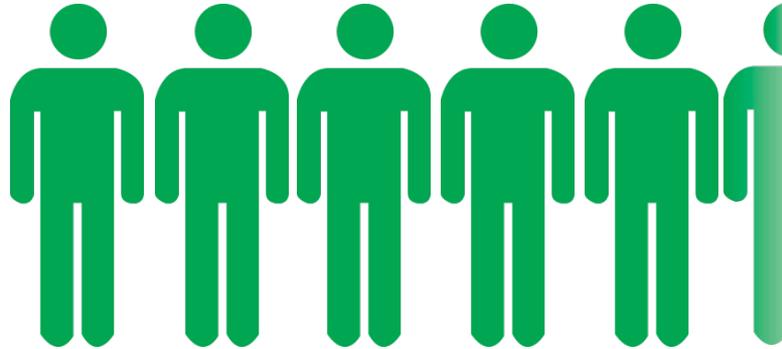
NHANES, National Health and Nutrition Examination Survey, 1999-2008

Sexual activity = "yes" response to "Have you ever had sex?"

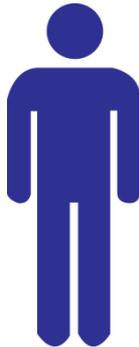
Sex = vaginal, anal, or oral sex

Large Racial Disparities In Chlamydial Infection

Non-
Hispanic
Blacks



Non-
Hispanic
Whites



NHANES, National Health and Nutrition Examination Survey, 1999-2008
Analysis of sexually active 14-39 year-olds; Sexual activity = "yes" response to "Have you ever had sex?" Sex = vaginal, anal, or oral sex

Minors' Rights to Consent for Confidential STD Care in US

- All 50 states and the District of Columbia allow minors to consent for STD diagnosis and treatment
 - ~25% of states require that minors be a certain age to consent for their own STD care
 - **No** state requires parental consent for STD care or that providers notify parents that an adolescent minor has received STD service
 - Exception in limited or unusual circumstances
 - Some states give physicians discretion to disclose to parents

How Compliant Are Providers With Annual Chlamydia Screening?

2008 Chlamydia Screening HEDIS Rates

Age	<u>Health Plan Type</u>	
	Commercial (%)	Medicaid (yrs)
16-20	36.4	48.8
21-26	39.2	54.2

The State of Health Care Quality, 2008

National Center for Quality Assurance at: http://www.ncqa.org/Portals/0/Newsroom/SOHC/SOHC_08.pdf

Bright Futures Tool and Resource Kit

BRIGHT FUTURES

Guidelines for Health Supervision of
Infants, Children, and Adolescents

THIRD EDITION



**Bright
Futures™**

prevention and health promotion
for infants, children, adolescents,
and their families™

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Buzz Activity

- Discuss how you have related to health professionals in your projects/programs?
- Discuss possible ways that you can use the medical home and/or Bright Futures to advance your projects/programs?
- What has been working well in achieving this connection?
- What has not worked?
- How do we replicate these successful strategies?

Boys Town Healthy Tomorrow's Clinic



We Need To Provide Different Care For Children and Teens Foster Youth

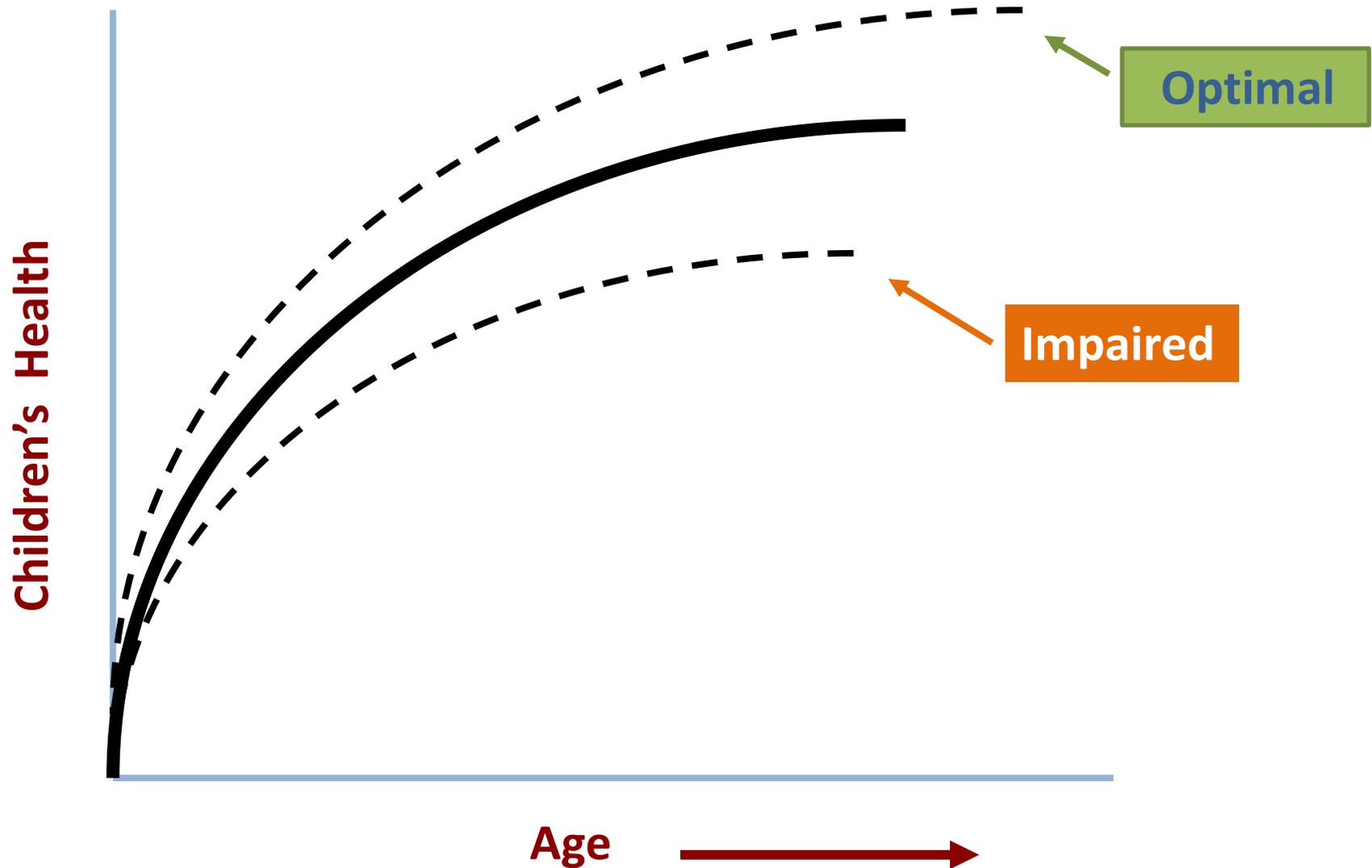
- Children and teens in foster care cost 3-4 times the cost of other children
 - Children and teens in foster care are at risk of going off insurance, e.g., Medicaid, within months of going out of the system
 - Children and teens in foster care need extra time for their visit
-
- Healthy Foster Care America

We Need To Provide Different Care For Children and Teens In Foster Care

- First and foremost - children and teens in foster care have special health care needs
 - 60% have a chronic health care condition
 - 25% have 3 or more chronic health care problems
 - 70% have moderate to severe mental health problems
 - 40-60% have at least one psychiatric condition

• Healthy Foster Care America

Trajectory of Life Course Health and Development



Determinants of Child Health

- Poverty
- Parental education
 - And these are impacted positively or negatively by social capital
 - Foster Children and Youth most often get both

Foster youth need to have addressed all of these determinants of health

- Socioeconomic Status
- Physical Environment
- Social Environment - social capital
- Genetics
- Biologic Influences
- Access to primary care - Barbara Starfield's work

Comprehensive Review of Systems

- Dental/Oral Health
- Mental Health
- School Needs
- Social Needs
- Reproductive History
- Medication History
- Permanency Discussion
- What Do I Want To Be When I Grow Up

I have their name

Friday June 25th 1993

and Mrs. Johnson,

It is a pleasure of informing you that your daughter Jill has achieved placement on the Lincoln Middle School Honor Roll this term.

Please take the time to congratulate your daughter on her achievement.

but they're not my parents.

Life Course Health Plan:

Developing the Life Course Health Plan empowers youth by asking them to envision their future lives as parents (or choosing not to parent) and helping them determine strategies to achieve their vision.

Life Course Health Plan:

They are asked questions such as:

- Ideal age for having a child
- Whether or not they plan to be married when they have a child
- Plans for education, career, health care and housing when parenting
- When and how they plan to be financially responsible for a child

What types of health information do youth need to “take with them”?

- General Physical & Mental Health
- Reproductive Health
- First aid/addressing minor health problems
- When to go to the doctor/importance of a medical home (how to talk to a doctor)
- When to go to the ER
- Personal Medical Records

Keys to Impacting Foster Youth

- Give them a sense of power
- 4 C's of messages: clear, concise, consistent, concrete
- Tell teens the truth
- Keep things positive
- Life does have do-overs (generally)
- Assume ability to understand-push to the limit
- Motivate caregivers to talk early & often
- Don't make assumptions

The Primary Care Setting:

By connecting pregnancy prevention education with a primary care setting, we create an environment where teens:

- Feel comfortable seeking advice and medically accurate information about reproductive health care
- Learn how to establish relationships with primary care providers
- Accept greater personal responsibility for their own health into adulthood
- Receive information in a more consistent place of care

Why Breastfeed?

Agency for Healthcare Research and Quality,
AHRQ Evidence Report No. 153, 2007

“Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries”

9,000 Abstracts reviewed:

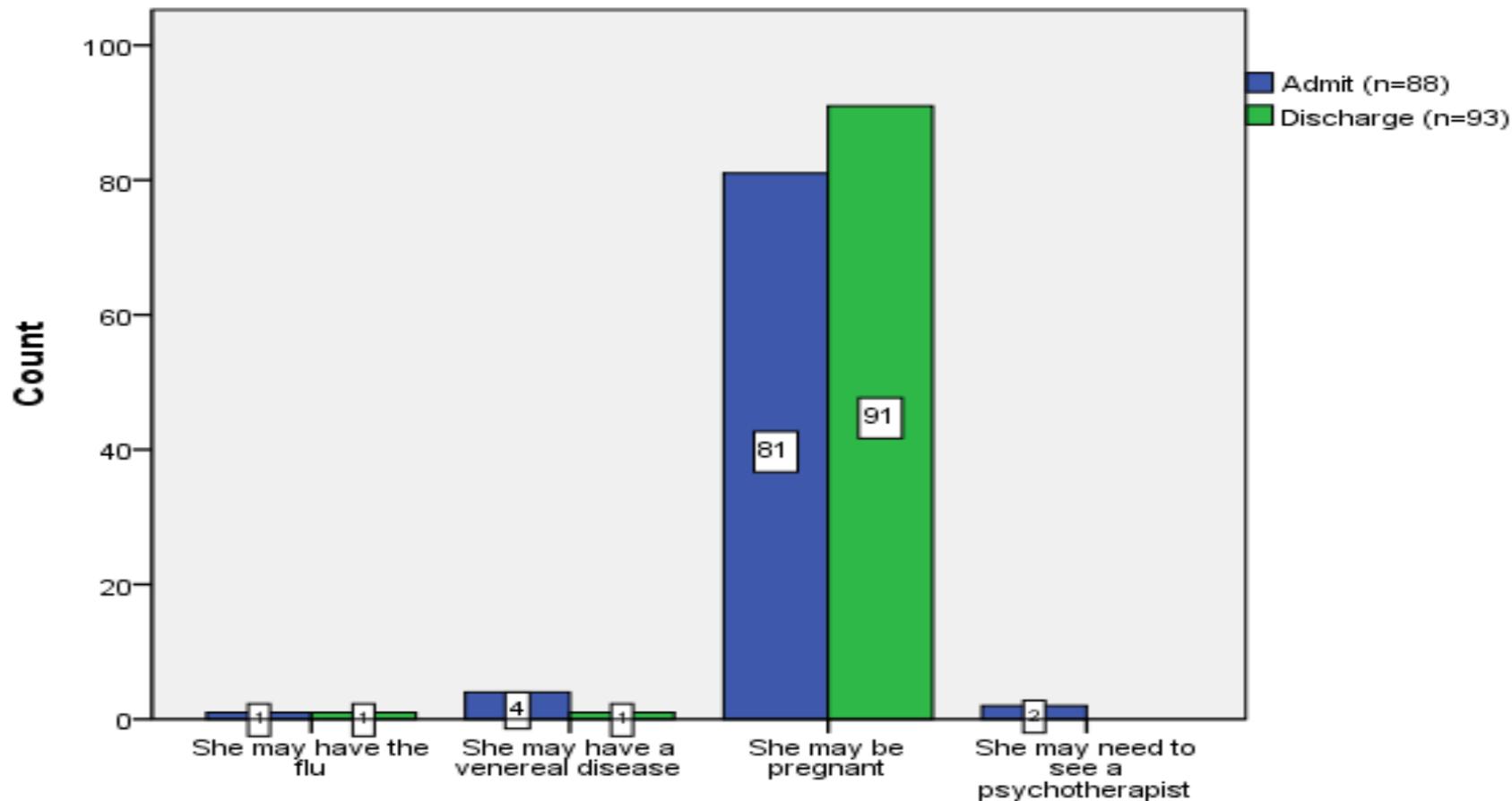
43 primary infant outcome studies

43 primary maternal outcome studies

29 system. Reviews/meta-anal (400 studies)

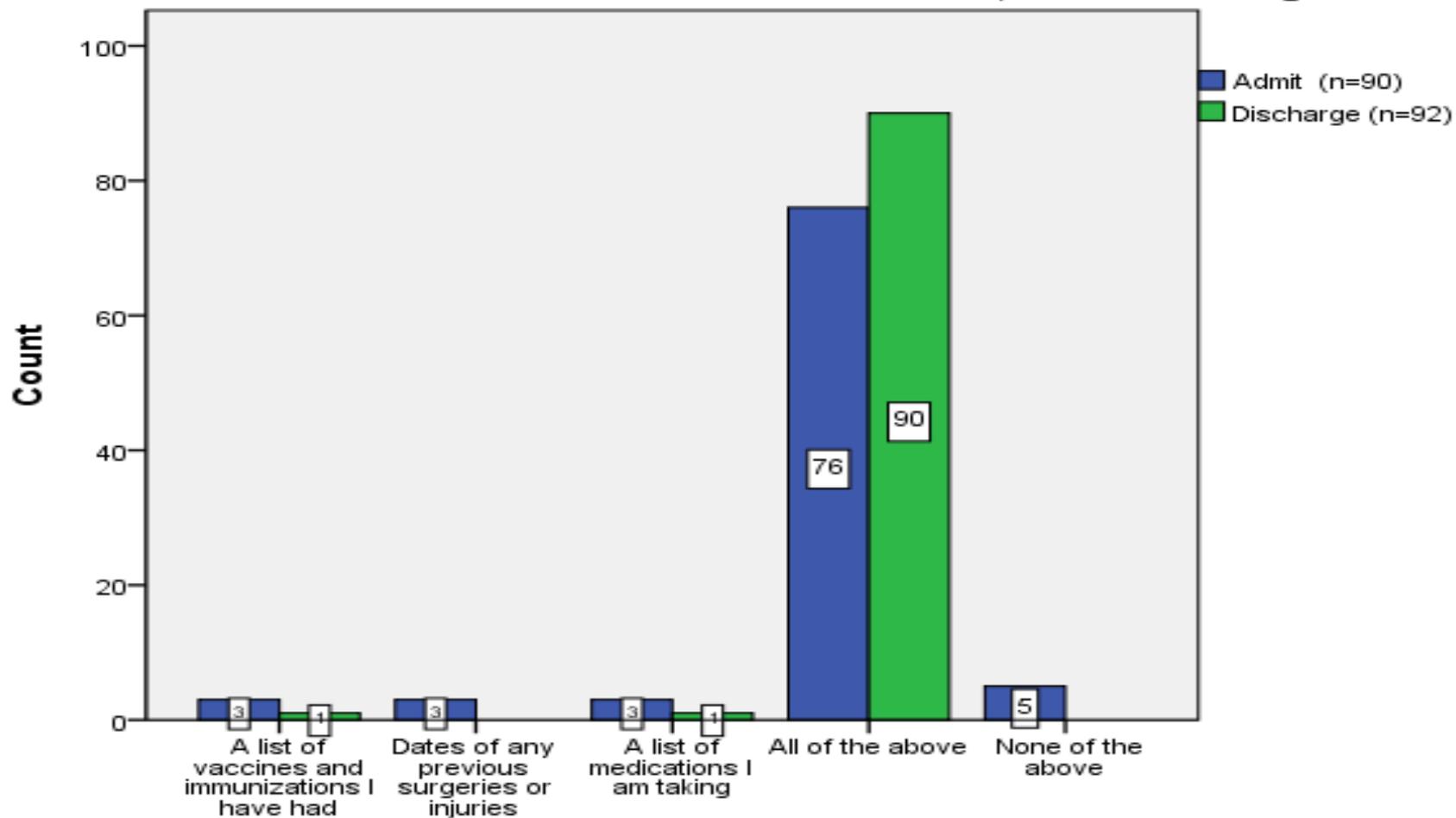
Healthy Tomorrows
Pre-Post Comparison Graphs
(August 2011)

If a woman missed her period, starts to have an enlarged abdomen, and experiences some nausea and vomiting, what is very likely true about her?



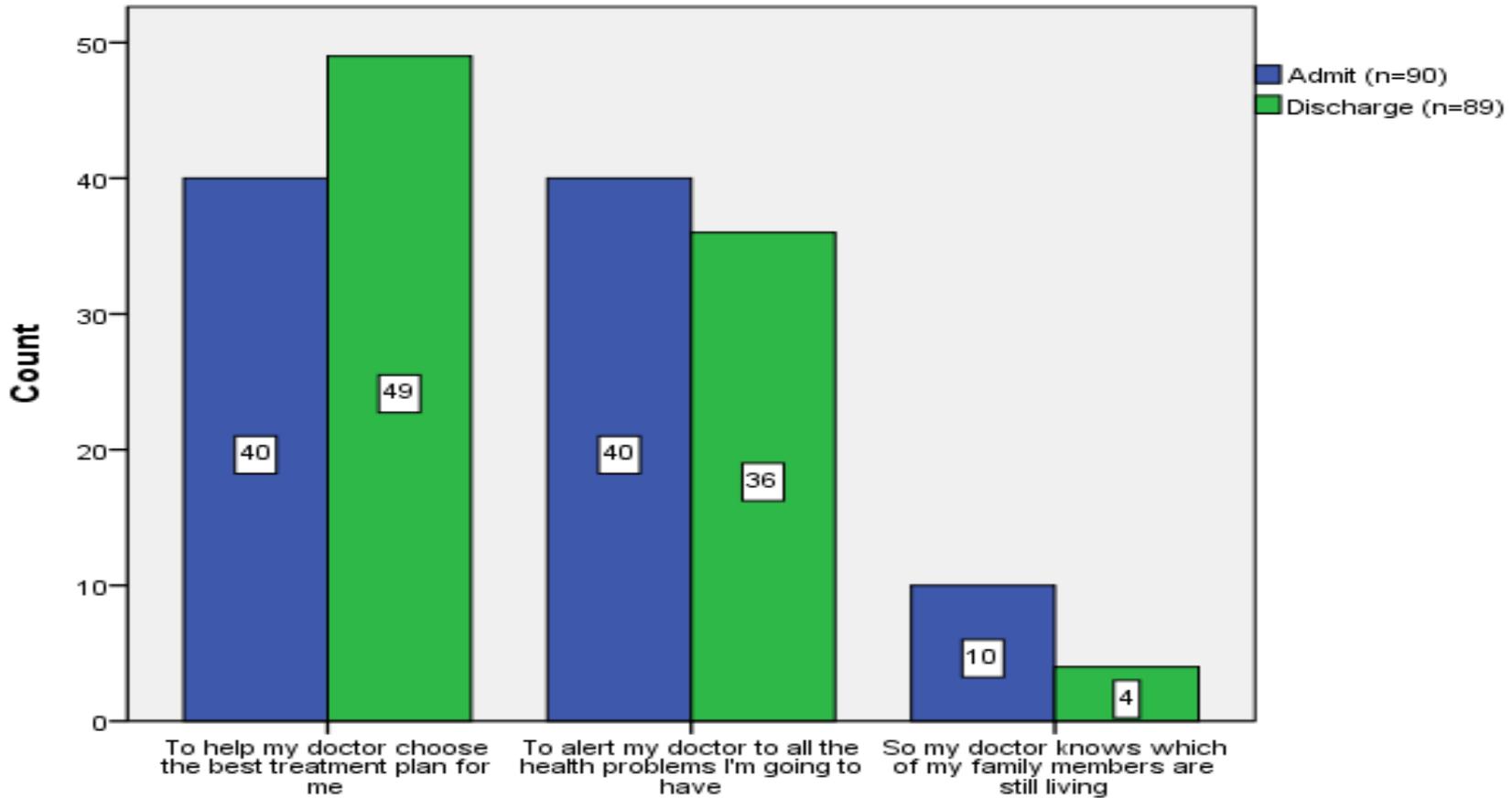
Healthy Tomorrows
Pre-Post Comparison Graphs
(August 2011)

When I visit a doctor for the first time, I need to bring

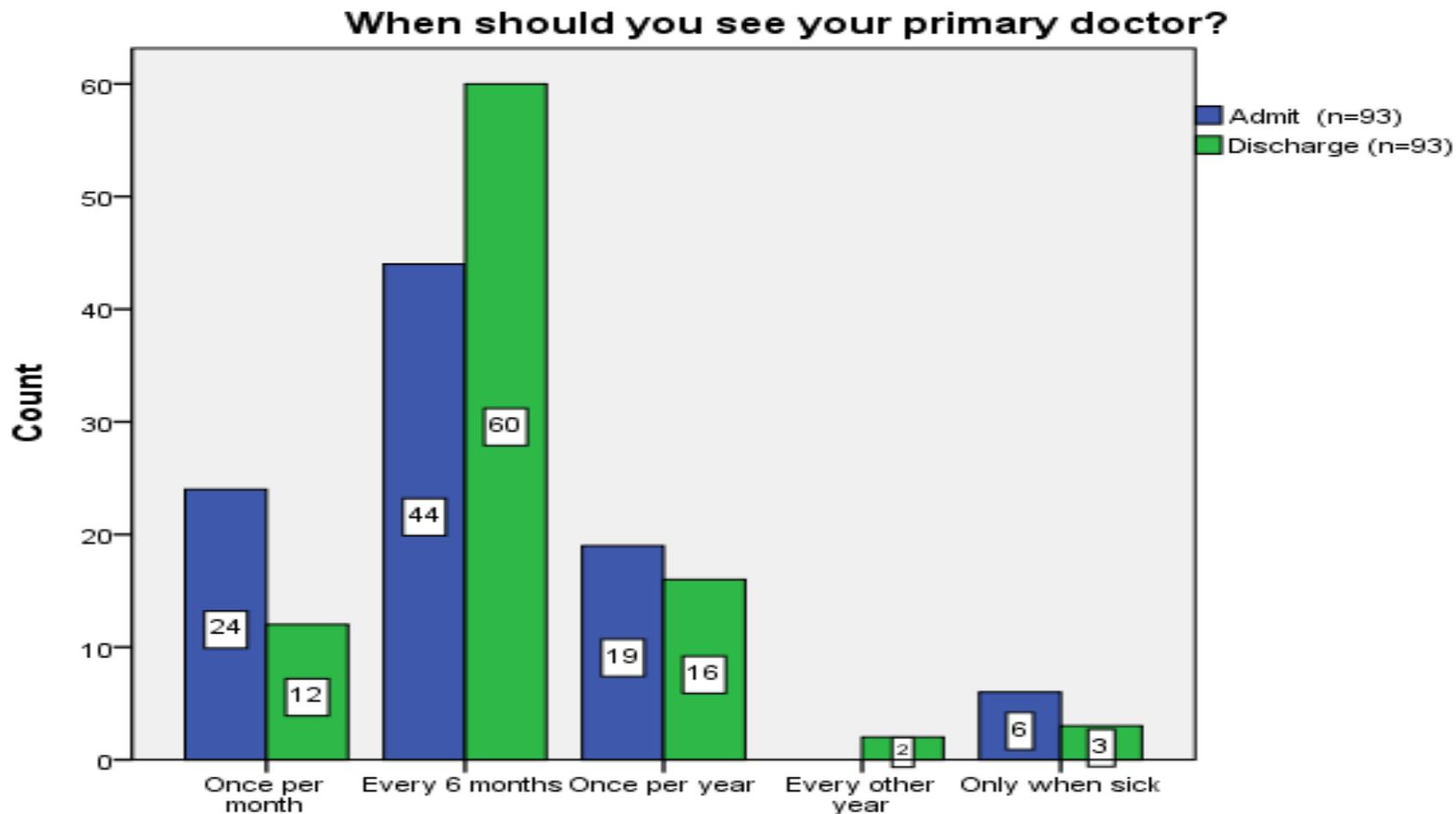


Healthy Tomorrows
Pre-Post Comparison Graphs
(August 2011)

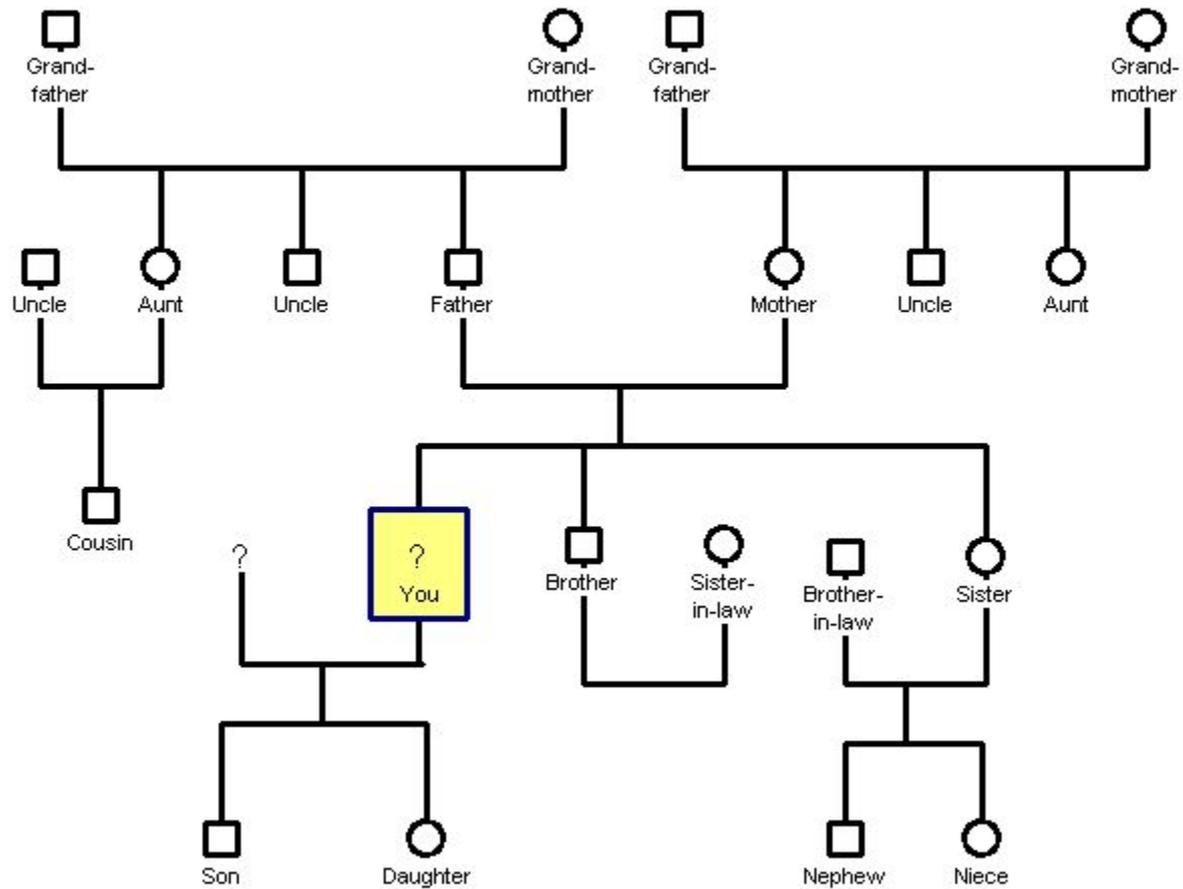
Why do you need to share your family's medical history with your doctor?



Healthy Tomorrows
Pre-Post Comparison Graphs
(August 2011)



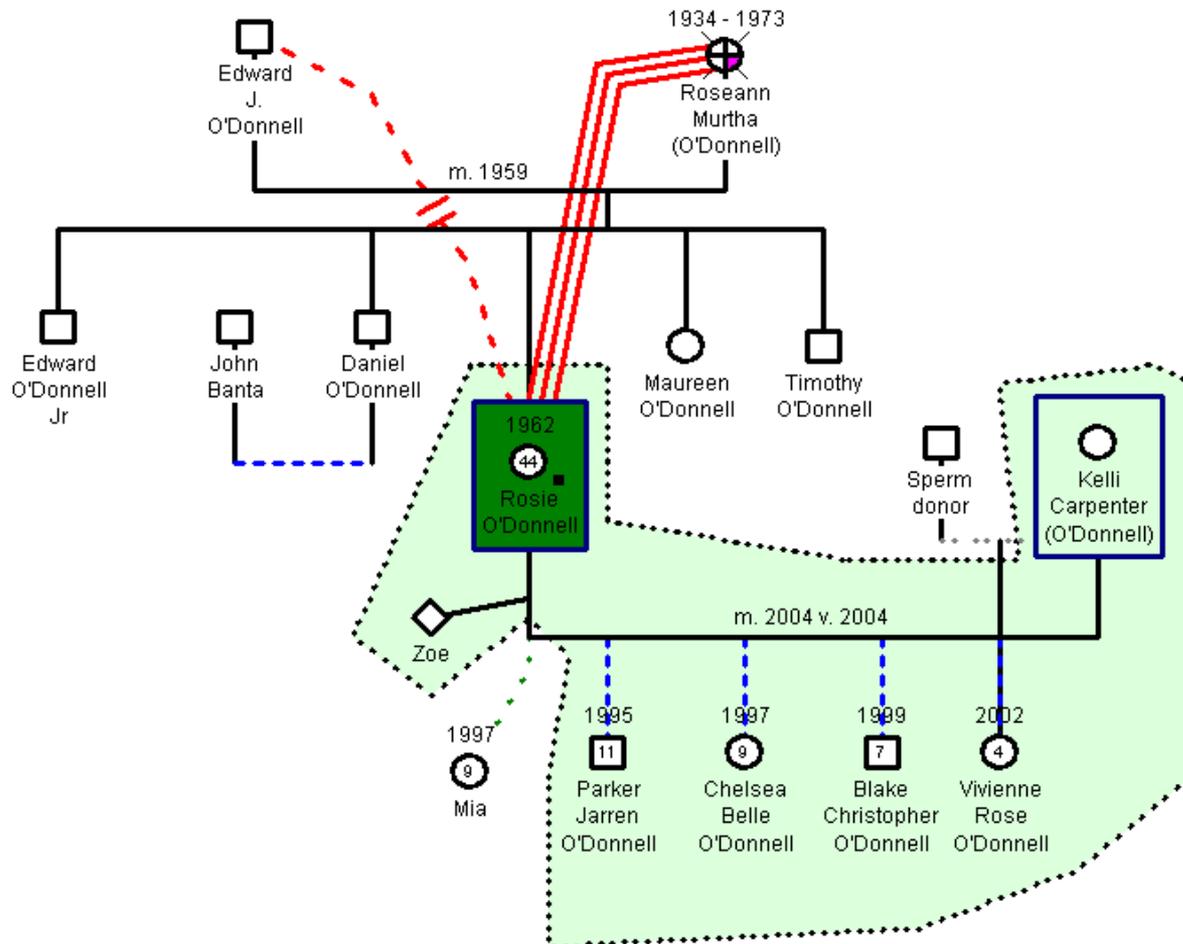
Genogram



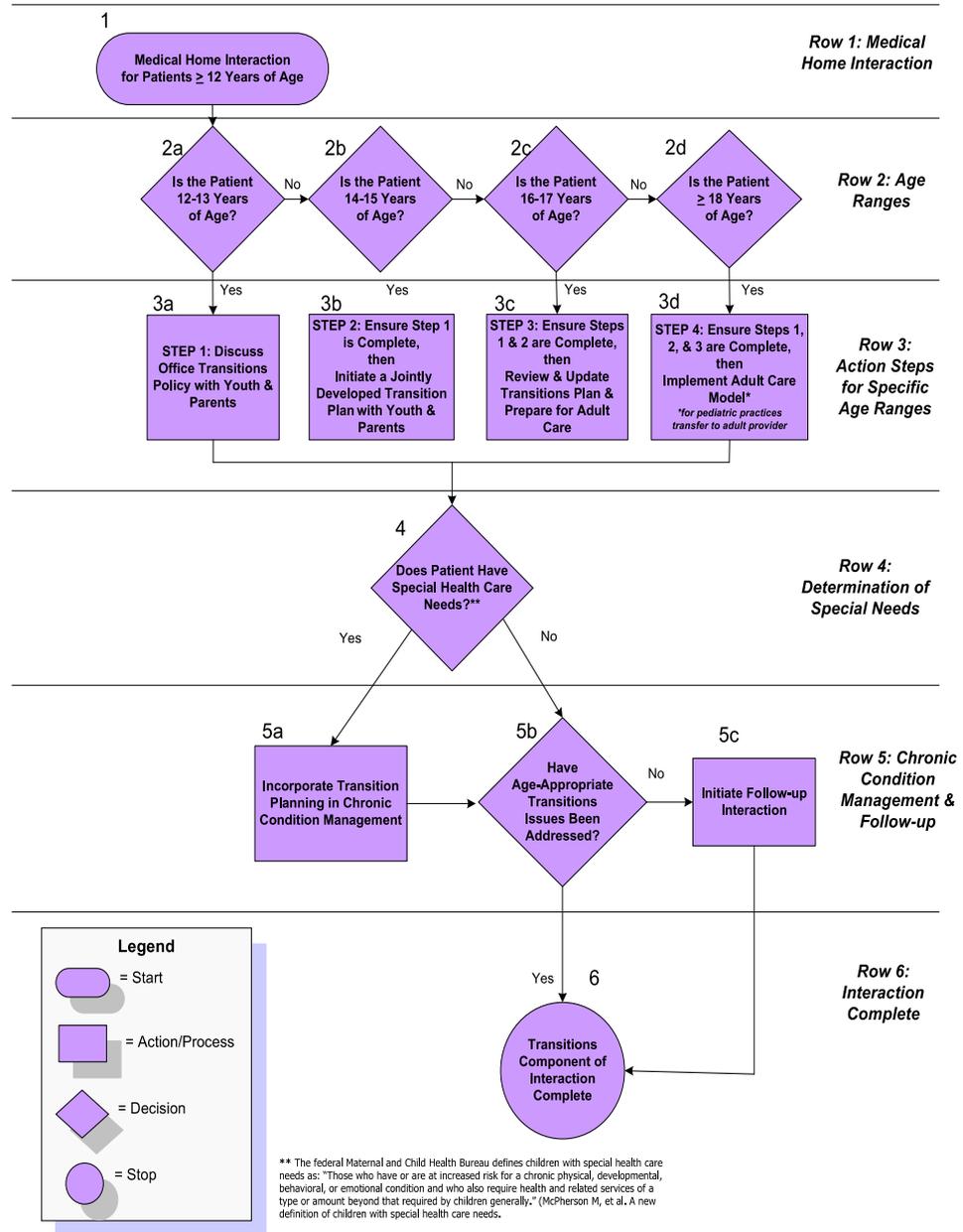
Relationship graphing

Cutoff / Estranged	- - - + + - - -
Indifferent / Apathetic
Distant / Poor	- - - - -
Plain / Normal	—————
Friendship / Close	- - - - -
Intimacy / Very Close	=====
Fused	=====
Hostile / Conflictual	~~~~~
Distant-Hostile	~~~~~
Close-Hostile	~~~~~
Fused-Hostile	~~~~~
Violence	~~~~~
Distant-Violence	~~~~~
Close-Violence	~~~~~
Fused-Violence	~~~~~
Abuse	~~~~~
Physical Abuse	~~~~~
Sexual Abuse	~~~~~
Emotional Abuse	~~~~~
Neglect (abuse)	~~~~~>
Focused On	—————>
Never Met	————— ⊗
Other	————— ?

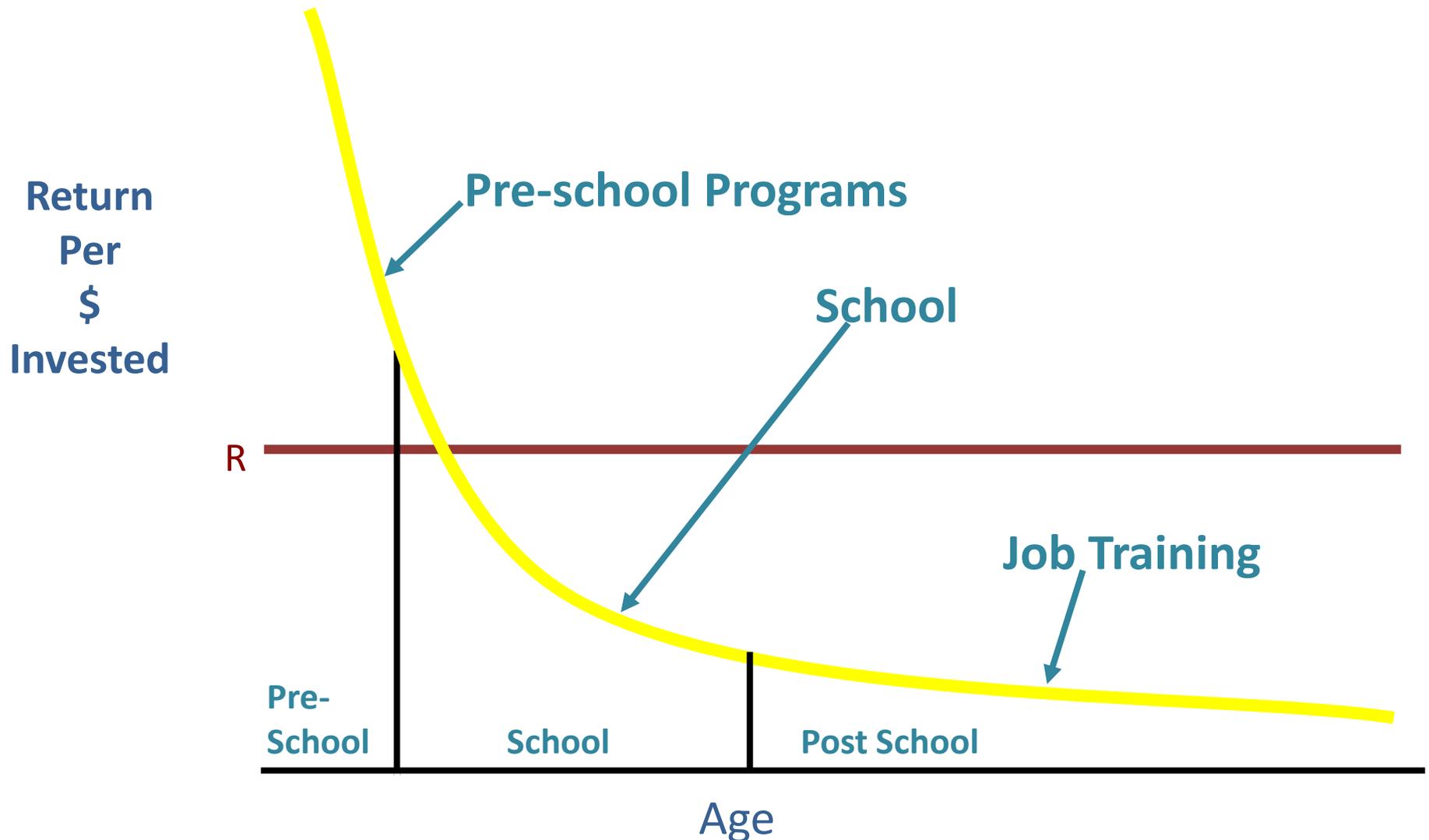
Rosie O'Donnell



Health Care Transition Planning Algorithm for All Youth and Young Adults Within a Medical Home Interaction



Rates of Return to Human Development Investment Across all Ages



The Problem

- **Later interventions are economically inefficient.**
- **We can not effectively deal with disparities unless we approach disadvantage from an equity perspective.**
- **We currently over invest in remedial skills and under invest in early years.**
- **America-the great second chance society.**
- **Best investment.**

Early Manifestations of Personality and Adult Health: A Life Course Perspective

- **“Conclusions:** Associations between child personality attributes with both general self-rated health and number of illnesses in adulthood were maintained after taking account of childhood social environment and child health. Findings indicate that early emerging personality and related processes influence adult physical health, and suggest the potential value of interventions targeting early life development.”

Health Development Process

- Cumulative Impact
- Timing of Exposure

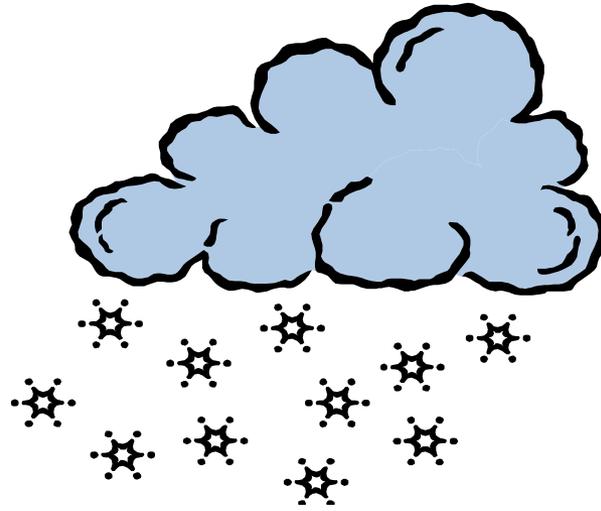
So What Can You Do?

- Talk to youth about the relationship between school attendance and academic performance
- Schedule youth during non school hours
- Always ask the child/youth how they are doing in school-focus on strengths
- Connect every child to highly trained, caring and competent professionals
- Create a robust infrastructure that emphasizes collaboration

So What Can You Do?

- Develop culturally responsive programs that build on the strengths of the child, youth, their caregiver, and the community
- Focus on quality so every interaction is of the highest caliber
- Provide professional development
- Connect to your youth's primary care health professional

- Start Small



● **THINK BIG**

What We Can Predict

The needs of transitioning youth in the future will be the same as youth today:

- Loving Adults – we all need at least one
- Integrated & coordinated health system & human services that serve them into adulthood
- Supportive and safe community
- Good school/education
- Transition to a job that provides a living & satisfaction

Children and youth need the force of good and attractive examples.

Children are not philosophers, but they are apt imitators.

They may be easily led to follow where they cannot be driven

So What Can You Do?

- Make every interaction with every youth count
- Always focus on the youth's strengths
- During every visit ask how they are doing-if modifiable factors are brought up-act on them
- Create an expectation from your first interaction that you are concerned about their success in life
- Smother the youth & their parent/s with the support they need when they need it
- Educate both females & males about searching for their history
- Educate both about the importance of breastfeeding



Resources

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Aap.org/fostercare