



Division of Adolescent & Young Adult Medicine Retreat - 2018

# Understanding Clinical Preventative Services for Adolescents and Young Adults

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"We're running a little behind, so I'd like each of you to ask yourself, 'Am I really that sick, or would I just be wasting the doctor's valuable time?'"





### National Adolescent Health Information Center (NAHIC)

#### Peer-reviewed research using secondary analyses and NAHIC website

- National survey data on adolescents and young adults
- Healthcare access and preventive healthcare

#### Research publications have shown:

- Trends in A & YA risky behaviors & health status: Little progress & YAs fare worse
- Identified guidelines for <u>YA preventive services</u>
- A & YA preventive care receipt: Low rates & SES disparities
- Adolescent time alone with provider: Low rates & SES disparities
- Preventive visits have value: Higher rates preventive services A & YA
- Monitoring preventive visits: Huge variation in A & YA among various national surveys (NHIS, NSCH, MEPS, BRFSS)
- ACA helps: Pre- to Post- ACA improvements in A & YA preventive care & visits
- Insurance is <u>not sufficient</u> for attendance of A & YA preventive visit
- YA mental health/substance use treatment: Low rates & SES disparities
- Adolescent medical home status: Low rates among those with mental health problems





## National Adolescent Health Information Center (NAHIC)

#### NAHIC website:

- Adolescent preventive services guidelines summary
- Young adult preventive services guidelines summary

Summary of Clinical Preventive Services Guidelines for Young Adults Ages 18-25 (CPSG-YA Summary)

All (1) At Risk (+) Screening Test/Procedure and Other Notes

√ Bright Futures and ACOG

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√ Bright Futures only

UCSF Division of Adolescent and Young Adult Medicine

Guidelines as of 10/2018, subject to change

		( ')	( )	g		
	Nutrition/exercise/obesity					
	Hypertension/Blood Pressure <sup>†</sup>	V		Screen every 3-5 years with BP < 130/85 mm Hg w/ no other risks		
	Dyslipidemia Screening	V		√ Bright Futures screen once between 17-21 years of age		
	Obesity/BMI	1		[Weight (lb.)/Height (in)] x 703		
	Healthy diet <sup>†</sup>		+	Intensive behavioral dietary counseling		
	Substance Use					
	Alcohol (screening and counseling)†	1		NIAAA Screening, AUDIT, √ Bright Futures		
	Tobacco screening and counseling	1		5-A Framework (Ask, Advise, Assess, Assist, Arrange), combination		
	for non-pregnant adults†			pharmacotherapy and behavioral interventions		
	Tobacco screening and counseling	V		5-A Framework (Ask, Advise, Assess, Assist, Arrange), should undergo		
]	for pregnant women†			behavioral interventions		
	Illicit Drugs (screening and counseling)†	V		√ Bright Futures* and ACOG**, USPSTF insufficient evidence		
	Mental Health/Depression					
	Depression (screening and treatment)	٧		Screening instruments: PHQ, EPDS		
	Suicide Screening	<b>V</b>		√ Bright Futures and ACOG, USPSTF insufficient evidence		
	Safety/Violence					
	Family/partner violence†	<b>V</b>		HITS; OAS/OVAT; STaT; HARK; CTQ-SF; and WAST		
	Fighting	V		√ Bright Futures and ACOG		

Reproductive Health					
HIV†	J		HIV Screening		
STI (screening and counseling)†		+	High-Intensity Counseling Interventions		
Syphilis		+	RPR or VDRL followed by TPPA or FTA-ABS if first test result positive		
Gonorrhea (females)		+	NAATs; test if $\leq 24$ and sexually active or if $\geq 25$ and at increased risk		
Chlamydia (females)		+	NAATs; test if ≤ 24 and sexually active or if ≥ 25 and at increased risk		
Chlamydia & Gonorrhea (male)		+	√ Bright Futures only		
Birth Control Methods	4	+	√ ACOG, + Bright Futures		
Pregnancy		+	+ Bright Futures		
Folic Acid		+	Women planning/capable of pregnancy should take folic acid daily		
Cancer Screening					
Cervical Cancer		+	Females ages 21+: Cytology (pap smear) every 3 years		
Skin Cancer		+	Counseling for individuals aged 6 months - 24 yrs with fair skin type		
Testicular Cancer (self/clinician exam)	4		√ Bright Futures for all males 18-21, USPSTF recommends against		
BRCA-Related Cancer†		+	Family Hx of breast, ovarian, tubal, or peritoneal cancer		
Infectious Diseases including CDC Immunization Recommendations					
Td/Tdap	1		Td booster every 10 years		
Human papillomavirus	1		9vHPV vaccine for males and females up to age 26; 3 lifetime doses		
Varicella (LIVE VACCINE)	√***		2 lifetime doses at least 4 weeks apart ***See below		
Measles, mumps, rubella	4		1 or 2 lifetime doses at least 4 weeks apart		
Influenza	1		1 dose annually		
Pneumococcal		+	PCV13: 1 lifetime dose   PPSV23: 1-2 lifetime doses		
Hepatitis A	- 1		2 or 3 lifetime doses		
Hepatitis B	1		3 lifetime doses		
Meningococcal Quadrivalent	V		2 lifetime doses		
Serogroup B Meningococcal		+	Men B vaccine (2 or 3-dose series) to those 16-23 years old		
Hepatitis C Screening†		+	Anti-HCV antibody testing, polymerase chain reaction testing		





Helmets

Guns

Bullying

Seat belts

Preventive Services

# The future of improving Clinical Preventive Services

- How do we convince consumers that preventive care is of value for them?
- How do we improve the quality of what patients receive when they see clinicians – "the value of the visit for the patient"?
- How do we measure short term and long term health outcomes of the visit?
- How do we measure and explore alternatives to face to face clinical encounters for preventive care?



