EXECUTIVE SUMMARY

PS#71 – Adolescent Health Care

This survey topic was initiated by the AAP Committee on Adolescence to examine several issues surrounding the provision and financing of adolescent health care. The survey explored pediatricians’ practices regarding screening, management and referral for adolescent health care services, as well as pediatricians’ participation in interdisciplinary adolescent health care services and pediatricians’ training needs in adolescent health.

PS#71 was mailed to random sample of 1605 non-retired U.S. post-training members of the Academy. An original mailing and 6 follow-up mailings to nonrespondents were conducted from January to May 2008. After seven mailings we received a total of 1034 completed questionnaires for a response rate of 64%. Analysis was limited to the 617 pediatricians (60% of all respondents) who provide health supervision to patients 12 years of age or older in ambulatory care settings.

Screening for Adolescent Health Care Risks and Conditions

- Nearly all pediatricians who see adolescents (90%) say they always use clinical interviewing to identify high risk or vulnerable adolescents. Only one-fifth of pediatricians (21%) always use a standardized risk assessment tool to identify high risk or vulnerable adolescents in their practice, while 33% do so occasionally.

- Most pediatricians (>80%) agree they should be responsible for identifying common behavioral and reproductive health problems and other conditions such as obesity, eating disorders and leaning disabilities in adolescents. Opinion on whether pediatricians should treat or manage (rather than refer) these problems varies greatly by condition, although a majority agree pediatricians should treat patients with ADHD, obesity, STIs and risky sexual behavior.

Managing/Referring for Behavioral and Sexual/Reproductive Services

- Nearly all pediatricians personally provide screening and brief counseling for mental health (86%, 85%, respectively) and substance abuse problems (90%, 85%, respectively). An equal proportion of pediatricians (58% each) report they provide mental health medication management and refer to other providers. Few pediatricians provide testing or psychotherapy for mental health and substance abuse problems; most (>80%) refer off-site for these services.

- Eight out of ten pediatricians personally provide screening for STIs and HIV (84%, 80%). More than 9 out of 10 pediatricians each report they provide testicular exams, HPV vaccine, HepB vaccine and counseling related to sexual decision-making. Three-fourths of pediatricians say they provide breast exams (76%) and contraceptive counseling (73%), while 57% provide contraceptive prescriptions. One-third of pediatricians provide pelvic exams and pap smears; the balance refer to other providers for these services.

Interdisciplinary Care

- When providing care for adolescents identified as high risk or with complex chronic conditions, 38% of pediatricians regularly consult with off-site providers via telephone or email and 28% and 21%, respectively, consult with other on-site providers via written notes or in-person. Four out of ten pediatricians (39%) regularly refer adolescents with complex chronic conditions to another clinician for coordination of care and 19% regularly develop and monitor care plans for individual adolescents jointly with other physicians and health professionals.

If payment/financial resources were not an issue:

- A majority of pediatricians (55%) say they would be very interested in offering more adolescent-centered materials in their practice. Nearly one-half (46%) are very interested in hiring mental health clinicians in their practice. Fewer pediatricians indicated strong interest in making other practice or staffing changes to care for adolescents, such as hiring health educators (37%), care coordinators (34%), substance abuse clinicians (32%) or reproductive health clinicians (28%).

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If payment/financial resources were not an issue:

- Among pediatricians who do not currently offer these services, 45% say they are very interested in having their practice offer health education services for adolescents, 40% have strong interest in having their practice provide risk assessment/identification and 36% would like risk reduction counseling services to be provided. About one-third of these pediatricians are very interested in having their practice provide services to identify mental health disorders (36%), substance abuse disorders (31%) or sexual risk/STIs (32%). Fewer pediatricians are very interested in their practice providing treatment for either mental health or substance abuse disorders (20%, 17%); only 11% are very interested in offering gynecological exams.

- Forty-one percent of pediatricians say inadequate reimbursement is a major barrier to providing mental health counseling and 39% say it is a substantial barrier to providing substance abuse counseling. Fewer pediatricians think low reimbursement is a substantial barrier to providing care coordination (27%), adolescent mental health screening (21%), substance abuse screening (20%), risk reduction counseling (21%), and health supervision consistent with AAP guidelines (19%). About one-fourth of pediatricians think inadequate reimbursement is a moderate barrier to each of these services. Few pediatricians (<18%) think inadequate reimbursement is either a substantial or moderate barrier to providing sexual risk/STI screening, gynecological examinations, HPV or other vaccines.

Training/Educational Needs in Adolescent Health Care

- Two-thirds of pediatricians (68%) think the adolescent medicine block residency rotation should be extended beyond the current 1-month requirement, while 80% think a combined 4-year pediatrics/adolescent medicine residency should be available. Eighty-four percent of pediatricians would like to see more one-year clinical training programs in adolescent medicine; 41% of these pediatricians say they would consider participating in this type of program. More than one-half of pediatricians (57%) think there is a need for a shorter (<3 years) fellowship training program in adolescent medicine and 38% of those pediatricians say they would consider participating in such a program.

- About 6 out of 10 pediatricians say written materials (ie, guidelines, handbooks, etc) and regular AAP CME workshops or presentations are the most helpful types of training for most areas of adolescent health. Fewer than one-half indicated AAP self-instructional material such as PREP or PIR, or computerized courses (CD-ROM or on-line) as the most helpful methods of training to provide health care to adolescents.

Transfer from Pediatric to Adult Care

- Most pediatricians think transition planning from pediatric to adult health care should begin at 18-20 years of age for adolescents with special health care needs (SHCN) (62% so indicated) and without SHCN (66%). Another 25% of pediatricians each think such planning should begin at 15-17 years of age. Few pediatricians report that they have staff responsible for coordinating transition planning for either adolescents with or without special health care needs (11% and 6%, respectively).

- Less than one-half of pediatricians report assisting nearly all or most of their SCHN adolescents with referrals to family or internal medicine physicians (47%) or to adult specialists (45%). One-third of pediatricians assist SCHN adolescents with medical documentation for program eligibility (32%) and 27% report they assist in creating a portable medical summary. Few pediatricians (12%) assist most of their SCHN adolescents in creating an individualized health care transition plan.

- Fewer than one-half of pediatricians identified any major barrier to transitioning adolescents with SHCN from pediatric to adult health care: 41% think lack of available family/internal medicine physicians and 40% say lack of adult specialists to care for older SCHN adolescents are major barriers to transitioning from pediatric to adult care. Fewer pediatricians think lack of insurance reimbursement for transition services (38%), insufficient time for pediatric staff to provide transition services (36%), staff's lack of skills in transition planning (34%), and a hard-to-break bond between adolescents/parents/pediatricians (32%) are major barriers.

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