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Our monthly e-newsletter, *Adolescent Health News*, is designed to keep you up-to-date about current activities at The National Alliance to Advance Adolescent Health and related topics of interest to the adolescent health community.

Conference to Develop a Research Agenda for an Adolescent-Centered Model of Primary Care

On April 19th and 20th, The National Alliance convened an invitational conference to develop a research agenda for adolescent-centered primary care, bringing together 35 experts in adolescent health, behavioral health, and medical home research and policy. To set the stage for the group discussion, Dr. Beatriz Luna, founding director at the University of Pittsburgh's Laboratory of Neurocognitive Development, spoke on adolescent brain development and implications for primary care; Dr. Angela Diaz, director of the Mount Sinai Adolescent Health Center, highlighted key features of adolescent-centered models of care; and Melinda Abrams, vice president of The Commonwealth Fund, presented evidence from patient-centered medical home demonstrations.



The conference, which was funded by AHRQ and the Mount Sinai Adolescent Health Center, was structured to identify research needs in three areas: engagement and self-care management; prevention and early identification of health conditions; and integration of physical, mental and sexual health care. Dr. Kelly Kelleher, director of the Center for Innovation in Pediatric Practice at The Research Institute at Nationwide Children's Hospital, provided an overview of the evidence on engagement. Participants identified many areas for potential research, including the components of primary care practice that facilitate engagement of adolescents and parents, the competencies that providers must have to engage adolescents and parents effectively, and the use of technology and social media. Dr. Charlie Irwin, editor-in-chief of the *Journal of Adolescent Health*, summarized what is known on preventive care. The discussion focused on topics such as the most effective mix of incentives and supports to increase the frequency and quality of screening adolescents and the essential features of health care sites -- such as school-based health centers and adolescent health centers -- that have higher utilization rates for screening and counseling services. Evidence on integrated care was summarized by Dr. Ken Peake, chief operating officer at the Mount Sinai Adolescent Health Center. The group's recommendations on this topic included research on the comparative effectiveness of different models of integration, ways to promote the adoption of adolescent-specific electronic health records, and effective models of ongoing consultation.

In the coming months, The National Alliance will be finalizing the research recommendations and disseminating them through commentaries in peer-reviewed journals and webinars. National Alliance staff will also be meeting with public and private funders to generate their support. The Aetna Foundation is helping to support dissemination activities.

New Continuing Medical Education Program Aims to Improve Health Care Transition for DC Adolescents with Special Needs

Over 100 physicians, nurses, social workers, and care coordinators attended the DC Health Care Transition CME Program on April 26th at Gallaudet University. The program featured presentations by Dr. Patience White on new AAP/AAFP/ACP clinical recommendations on transition and a panel discussion on implementing transition quality improvements from pediatric, family medicine, and internal medicine perspectives. Panelists were the lead physicians from Children's National Medical Center, Georgetown, Howard, and George Washington who are participating in The National Alliance's health care transition learning collaborative. They discussed the challenges and benefits of adopting specific practice changes, including creating a registry of adolescents with special needs to track transition progress, conducting youth and family readiness assessments to improve self-care management, producing a portable medical summary, and working with care coordinators to ensure an efficient and planned transfer to adult health care. The National Alliance, with Health Care for Children with Special Health Care Needs (a DC Medicaid managed care plan) will be making this video into a widely available CME program. For more information about health care transition in the District of Columbia, contact Peggy McManus at mmcmanus@thenationalalliance.org.

Reduced Investment in Prevention and Public Health Fund

In February, President Obama signed the Middle Class Tax Relief and Job Creation Act which cut by \$6.25 billion the \$18.75 billion that would have been available over a ten-year period for the Prevention and Public Health Fund. Nevertheless, the President's proposed budget for FY 2013 calls for a \$2.5 million increase for the Fund over FY 2012 and includes \$104 million new dollars for teen pregnancy prevention. At the same time, the President's budget includes cuts to many programs important to adolescents. Most significantly, it eliminates all funding for the mental and behavioral health professions program within HRSA and for the suicide prevention program within SAMHSA. It also cuts 60% of funding for public health workforce development within HRSA, 60% from the CDC's section 317 immunization program, 35% from the community transformation grant program, and 20% from primary and behavioral health integration within SAMHSA. While the President would increase by 7% funding for tobacco prevention within the CDC, he would also eliminate 50% of funding from the media tobacco prevention program in OASH. For a more detailed breakdown of funds, see the [Prevention and Public Health Fund Funding Chart](#) prepared by Trust for America's Health.

The National Alliance to Advance Adolescent Health joined over 720 national, state and local organizations in signing a letter to President Obama expressing disappointment in the overall cut and urging him to avoid any future cuts in the fund.

Improving Supplemental Security Income for Children and Adolescents

The National Alliance recently joined a coalition working to strengthen the Supplemental Security Income (SSI) program to support children and youth with severe physical or mental impairments more effectively. SSI provides critical financial support to the families of 1.3 million low-income children and adolescents with severe physical and mental impairments. The coalition, organized by the Bazelon Center for Mental Health Law, is opposing proposals that would restrict eligibility or cut benefits for these families and is advocating for specific policy reforms to strengthen the program. For example, the coalition supports strengthening SSI's work incentives for older adolescents and young adults, expanding the Student Earned Income Exclusion, and developing models to support SSI beneficiaries in their transition from school to adult life. The coalition also calls for more federal interagency coordination to help adolescents transitioning to adulthood and their families. In addition, it supports funding for timely determinations of children's continued eligibility and an Institute of Medicine review to explore ways to increase the efficacy of SSI. These issues were the subject of a recent meeting on the Future of Children held at the Brookings Institution.

Proposed Rule Increases Payments to Primary Care Doctors Serving Medicaid Patients

On May 9th, HHS released proposed rules for implementing the Medicaid primary care rate increase, a provision in the Affordable Care Act that allows primary care doctors serving Medicaid beneficiaries to be reimbursed at the same rate as Medicare for two years beginning in 2013. Rate increases are to be funded entirely by the federal government; states will not contribute. The increases are expected to improve access to critical primary care services for adolescents and other Medicaid beneficiaries. HHS is proposing that all specialists and subspecialists within family medicine, general internal medicine, and pediatric medicine be eligible for increased payments provided they are delivering primary care services. These are very broadly defined to include all evaluation and management codes: office and other outpatient services, preventive care, hospital inpatient services, emergency services, and immunizations. HHS is currently seeking comments on the proposed rule through June 11, 2012. More detailed information about the proposed rule is available in the *Federal Register*, available [here](#).

Adolescent Focus at the Congressional Black Caucus

Adolescent health care was the subject of a panel discussion at the recent Congressional Black Caucus meeting in Washington, DC. Dr. Katie Plax, director of The SPOT, the Adolescent Center at Washington University in St. Louis, presented on youth-centered health care. She discussed the barriers to care that many African American youth experience and how her teen-centered clinic has overcome them through a positive youth development focus, expanded prevention and outreach services, comprehensive health care, and advocacy support. The SPOT is one of our previously featured model teen programs and can be found on our [website](#). Dr. Plax is pictured at the right with the Surgeon General, Regina Benjamin, who delivered a special presentation on preventing tobacco use among youth and young adults.



Featured Model Teen Program: Crews'n Healthmobile in Phoenix, AZ

This month's featured model program is the Crews'n Healthmobile, a mobile medical unit and wellness center at a family shelter in Phoenix, AZ. Both offer comprehensive health care services and health education programs for at-risk youth. The mobile medical unit is housed in a 38-foot van, also known as "Big Blue," and is outfitted with three exam rooms and the latest medical technology. Crews'n Healthmobile staff members include two pediatricians, three nurses, three case managers, and a financial advocate. The van and clinic provide a comprehensive set of services, including comprehensive preventive care, immunizations, medications, screening and treatment for sexually transmitted infections, minor surgical procedures, mental health screening and treatment, and health education. The staff members seek out at-risk youth by parking Big Blue in areas where kids in this age group tend to congregate, such as teen drop-in centers, faith-based organizations, and schools with a high population of homeless and vulnerable teens. The program serves roughly 1,500 youth a year through 6,500 medical visits and all services are provided confidentially and free of charge.



Read more about this month's Model Teen Program on our [website](#).