

Pediatricians' Interest in Expanding Services and Making Practice Changes to Improve the Care of Adolescents

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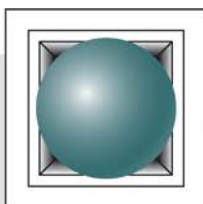
Almost three quarters of adolescent morbidity and mortality is preventable. Strengthening preventive and primary care for adolescents offers the potential to improve their health outcomes and prevent chronic conditions that are likely to continue into adulthood.² While numerous innovations are underway to reform primary care practice, they focus primarily on chronic care management and linkages to community-based prevention activities. Comprehensive reforms designed to promote early detection and intervention regarding health risk behaviors, sexual health issues, and mental health and substance abuse problems have been given far less attention.

Much has been written about adolescent health risks and the lag in their receipt of recommended preventive and treatment services, but little is known about pediatricians' interest in making changes in the way they practice in order to meet the needs of their adolescent patients more effectively. Today, adolescents ages 12 through 21 represent a third of the population of pediatric practices.³ This percentage has been steadily increasing over the last two decades as family physicians see proportionately fewer adolescents.⁴

This fact sheet, which presents new data from a nationally representative sample of pediatricians, shows what additional or expanded services pediatricians would have an interest in providing to adolescents if payment barriers were removed. It also identifies the specific practice and staffing changes they would have an interest in making, as well as the types of support and training they perceive would be most helpful to them in providing comprehensive primary care to adolescents.

Methodology

Information in the fact sheet is based on findings from the American Academy of Pediatrics' (AAP) 2008 Periodic Survey of Fellows #71. It was designed by The National Alliance to Advance Adolescent Health with the AAP's Committee on Adolescence and the AAP's Department of Research. The survey, consisting of an eight page, self-administered questionnaire, was sent to a random sample of 1,605 pediatricians who are members of the AAP. The questions required subjective responses and most relied on a Likert scale. Pediatricians were asked to respond by considering the interest that they or their



practices would have in making service, staffing, and office changes to benefit adolescents. After seven mailings, a total of 1,034 completed questionnaires were returned, for a response rate of 64%. The analysis was limited to 617 pediatricians who provide health supervision in ambulatory care settings to patients 12 years of age or older (60% of respondents). Respondents are representative of the AAP membership.

Delivering Comprehensive Prevention Services

Pediatricians reported substantial interest in having their practice offer or expand preventive services to adolescents. The vast majority of pediatricians reported that, if payment was not an issue, they would be very or somewhat interested in doing more to identify and assess risk behaviors among their adolescent patients. As shown in Table 1, 85% of pediatricians would have an interest in introducing these services and nearly as many would have an interest in expanding them. Among those interested in offering risk identification and assessment services for the first time, almost half said they were very interested.

An equally large proportion of pediatricians indicated an interest in having their practices do more to provide health promotion and health education services to adolescents and to their parents. Among pediatricians not yet offering health promotion and health education services, more than 85% would have an interest in making these services available to their adolescent patients, and more than 80% would have an interest in making them available to parents. Almost half of those indicating an interest in offering these services for the first time said they would be very interested. Among pediatricians already offering health education services to adolescents and to parents, about 80% indicated an interest in expanding them.

In addition to providing health education and risk assessment services, most pediatricians expressed an interest in adding or expanding risk reduction counseling services. More than 70% said they had an interest in offering risk reduction counseling services, with more than half of these reporting that they were very interested in doing so. Among pediatricians already providing risk reduction counseling services, the proportion expressing an interest in expanding them was 80%.

TABLE 1. Pediatricians' Interest in Having Their Practice Offer or Expand Selected Adolescent Services If Payment Was Not an Issue

| Adolescent Services | Interest in Offering as a New Service | | | Interest in Expanding Current Service | | |
|---------------------------------------------------|---------------------------------------|---------------------|----------------|---------------------------------------|---------------------|----------------|
| | Very Interested | Somewhat Interested | Not Interested | Very Interested | Somewhat Interested | Not Interested |
| Health promotion/health education for adolescents | 45% | 42% | 13% | 39% | 43% | 18% |
| Health promotion/health education for parents | 40 | 42 | 18 | 37 | 43 | 21 |
| Risk assessment and identification | 40 | 45 | 14 | 39 | 44 | 17 |
| Risk reduction counseling services | 37 | 35 | 28 | 39 | 41 | 21 |
| Identification of sexual risks and STDs | 30 | 37 | 32 | 32 | 41 | 22 |
| Identification of mental health disorders | 36 | 36 | 28 | 33 | 40 | 27 |
| Treatment of mental health disorders | 20 | 24 | 56 | 28 | 28 | 44 |
| Identification of substance abuse disorders | 31 | 39 | 31 | 31 | 42 | 27 |
| Treatment of substance abuse disorders | 17 | 21 | 62 | 21 | 26 | 53 |
| Gynecological exams | 11 | 23 | 66 | 23 | 25 | 52 |
| Care coordination | 28 | 33 | 40 | 26 | 42 | 32 |

Identifying Sexual Health Problems

Most pediatricians expressed an interest in identifying problems related to sexual risks and STD's in their adolescent patients but were less often interested in performing gynecological exams. More than 65% of pediatricians indicated that they were very or somewhat interested in being able to identify sexual risk and STDs in their practices, if they were not already doing so, and almost 75% of those already identifying sexual health issues indicated a level of interest in being able to do more. Of those expressing an interest in introducing this service, 45% said they were very interested. However, only about a third of pediatricians indicated an interest in offering gynecological examinations in their practices, and just under half of those already performing these exams indicated an interest in being able to do more. Overall, the proportion who reported a high level of interest in adding gynecological exams as a new service was relatively small: only about a third of those who expressed some interest, 11% overall, said they would be very interested.

Identifying and Treating Mental Health and Substance Abuse Conditions

While most pediatricians expressed an interest in having their practices do more to identify the mental health and substance abuse disorders of adolescents in their practices, the proportion who expressed an interest in doing more to treat these conditions was smaller but still very substantial. Assuming that payment was not an issue, more than 70% would be very or somewhat interested in identifying mental health disorders in their adolescent patients if they were not already doing so, and the same proportion would be very or somewhat interested in expanding this service if they already were. In fact, half of those who indicated an interest in being able to identify mental health disorders expressed their level of interest as very high. At the same time, about 45% of pediatricians said they

would be very or somewhat interested in treating the mental health disorders of adolescent patients in their practices, and about 55% of those already providing mental health treatment services said they had an interest in providing more. Still, of those who indicated an interest in introducing mental health treatment services into their practices, about 45% reported that they would be very interested in doing so.

The proportion of pediatricians who said they had an interest in having their practices do more to identify substance abuse disorders was similar to the proportion indicating an interest in identifying mental health disorders: 70% indicated an interest in introducing this service into their practices and almost 75% indicated an interest in expanding it. In fact, about 45% of those with an indicated interest in adding this service said they would be very interested. With respect to substance abuse treatment, the level of interest was lower. Almost 40% of pediatricians would have an interest in adding substance treatment services as a new service in their practices -- with 45% of these saying they would be very interested -- and just over 45% would have an interest in expanding the amount of substance abuse treatment services they already offered.

Furnishing Care Coordination Services

With respect to care coordination services also, most pediatricians expressed an interest in making improvements in their practices if payment barriers were removed. About 60% reported that they were very or somewhat interested in adding care coordination services to their practices, and just under 70% said they were very or somewhat interested in expanding them. Of those indicating an interest in offering care coordination as a new service, the proportion who said they were very interested was about 45%.

Changing the Pediatric Office to Better Serve Adolescents

Consistent with their stated interest in initiating and expanding preventive health, reproductive health, mental health, substance abuse, and care coordination services to better serve adolescents, half or more of pediatricians reported they would be very or somewhat interested in making specific staffing changes to better serve adolescents if financing was not a consideration. As shown in Table 2, about two-thirds reported an interest in bringing health educators into their practices, and about the same proportion reported an interest in bringing on mental health clinicians. Almost as many pediatricians, about 60%, expressed an interest in expanding their practices to include care coordinators, and the proportion indicating an interest in hiring substance abuse clinicians and reproductive health clinicians was just at or above 50%. Importantly, a substantial majority of pediatricians with an interest in making these staff changes were very interested in doing so. In fact, this was the case for more than 60% of those who reported some interest in hiring substance abuse counselors and for more than 70% of those who reported an interest in hiring mental health counselors. In fact, 20%

would be very interested in hiring all of these health professionals

With financial issues addressed, many pediatricians also would have an interest in making "adolescent-friendly" improvements to their practices, although their level of interest varied depending on the particular practice change. An overwhelming majority of pediatricians, about 85%, indicated an interest in making adolescent-centered materials available in their offices. Almost two-thirds of them, in fact, would be very interested in making these materials available. Perhaps more striking, though, was the fact that about two-thirds of pediatricians reported an interest in making some health care services available to adolescents either at a discount or no charge, a practice shift that could allow more underserved adolescents to receive needed care. And, over half of those expressing this interest said that would be very interested. In addition, more than 60% would have some interest in creating separate waiting areas for their adolescent patients, so that they would have privacy and not need to be among young children, with more than half of them indicating that their level of interest would be high. A smaller proportion, 45%, said that they would have an interest in extending their hours to better serve

TABLE 2. Pediatricians' Interest in Making Staffing or Practice Changes to Care for Adolescents If Payment Was Not An Issue

| Staffing or Practice Changes | Very Interested | Somewhat Interested | Not Interested/ Satisfied with Services Currently Offered |
|------------------------------------------------------|-----------------|---------------------|--------------------------------------------------------------------|
| Hire health educators | 37% | 28% | 35% |
| Hire mental health clinicians | 46 | 18 | 38 |
| Hire substance abuse clinicians | 32 | 20 | 48 |
| Hire reproductive health clinicians | 28 | 22 | 50 |
| Hire care coordinators | 34 | 25 | 42 |
| Offer more adolescent-centered materials | 55 | 31 | 14 |
| Create a separate waiting room space for adolescents | 32 | 30 | 38 |
| Make some services available free or at a discount | 35 | 32 | 33 |
| Offer extended or weekend hours | 19 | 26 | 55 |

adolescents, a change that might require them to hire more medical staff.

Financial and Institutional Supports Necessary to Achieve Practice Change

Despite their interest, pediatricians would not be in a position to make practice changes that would enable them to provide their adolescent patients a more comprehensive, interdisciplinary model of primary care unless needed financial and institutional supports were available. Addressing inadequate reimbursement would be particularly important. Pediatricians were most concerned about payment for mental health and substance abuse counseling services. At least two-thirds identified reimbursement as a moderate or substantial barrier to providing or expanding these services, and of these about 60% characterized the barrier as substantial. In addition, 45% or more identified reimbursement as a barrier to the delivery of care coordination, mental health screening, substance abuse screening, and risk reduction counseling services. Fewer concerns were expressed about reimbursement for vaccines and other prevention services. Importantly, however, about 40% reported that reimbursement for health supervision consistent with AAP guidelines was a barrier to providing or expanding this service in their practices.

External supports were also reported by pediatricians as vital to their ability to offer or expand interdisciplinary primary care to adolescents. As shown in Table 3, about 80% of pediatricians said that funding for capital improvements and for health information technology would be necessary, with more than half of these respondents saying that this type of financial support would be very necessary. Leadership support from the AAP and collaborations or partnerships with local health departments and schools reportedly were equally important for improving their office capability to serve adolescents. Also reported as necessary for improving adolescent care by more than half of pediatricians was institutional support: more than 55% noted support from a governing board, 60% noted support from hospital leadership, and about 70% noted support from the leadership in academic medicine.

The most commonly cited type of support needed, however, was funding for training. About 90% of pediatricians indicated that in order to offer or expand comprehensive care for adolescents in their practices, funding for training would be necessary. Just under 60% of these pediatricians thought it would be very necessary, and the vast majority of pediatricians reported a need for further training on all topics related to prevention, sexual health, mental health, and substance

TABLE 3. Types of Support Needed to Offer or Expand Interdisciplinary Care to Adolescents

| Types of Support | Very Necessary | Somewhat Necessary | Not Necessary |
|----------------------------------------------------------------|----------------|--------------------|---------------|
| Funding for training | 52% | 37% | 11% |
| Funding for capital improvements | 43 | 37 | 21 |
| Funding for health information technology | 43 | 36 | 21 |
| Leadership support from AAP | 32 | 47 | 21 |
| Local support or health department partnerships/collaborations | 36 | 46 | 18 |
| Non-financial support from academic medicine leadership | 25 | 46 | 29 |
| Non-financial support from hospital leadership | 26 | 34 | 40 |
| Non-financial support from governing board (if applicable) | 24 | 33 | 44 |

abuse services. In fact, about 90% or more wanted training on health promotion and health education, mental health and substance abuse problem identification and sexual health education, obesity prevention, tobacco prevention, and interviewing and engaging adolescents. Preferences regarding the method of training varied by topic, but written materials (handbooks and guidelines) and AAP-sponsored continuing medical education courses (workshops and presentations) were the most commonly cited. Still, a quarter or more of pediatricians wanted to see more journal articles on various topics, including interviewing and STD screening.

Revising Residency Training to Achieve Change

Looking back at their residency experiences as preparation for caring for adolescents patients, the great majority of pediatricians reported the need for more training options and flexibility. About 85% of pediatricians thought that one-year training programs in adolescent medicine should be more widely available, and of these about 40% said that they would consider participating in such a program now. Only a slightly smaller proportion of pediatricians, 80%, thought that a combined 4-year pediatrics/adolescent medicine residency should be developed for residents, and 55% of these pediatricians said that they would consider this residency option if they were in training now. In addition, about 55% saw a need for a fellowship training program in adolescent medicine that is shorter than 3 years, with almost 40% saying they would consider fellowship training if it was shorter. Finally, almost 70% expressed support for expanding the one-month adolescent medicine block rotation during residency training to provide future pediatricians more preparation in the care of adolescents.

Conclusions

Overall, the AAP survey shows a high level of interest among pediatricians in modifying their practices to do more to address the behavioral, mental, and sexual health needs of their adolescent patients, assuming that financing resources were available. In fact, a third or more of pediatricians reported that they are very interested in introducing or expanding health education services for adolescents and for parents, risk assessment and identification services, risk reduction counseling services, and also services to identify mental health disorders. And, almost as many expressed this high level of interest in introducing or expanding services to identify substance abuse disorders and sexual risks and STDs. In addition, about a third or more of pediatricians were very interested in making staffing and office changes, such as hiring mental health clinicians, health educators, care coordinators, and substance abuse clinicians, and creating a separate adolescent waiting room space.

Some of the payment policy changes that could help pediatricians are fairly straightforward. They might include, in addition to ensuring that reimbursement amounts are fair, eliminating obstacles to receiving payment for mental health and substance abuse services in primary care settings, recognizing a broader set of billing and diagnostic codes for health promotion and disease prevention services; ensuring that adolescents' confidentiality for sensitive services are not violated by sending explanation of benefit statements to parents, and lifting prohibitions on same-day billing so that more than one type of service can be provided at a primary care visit.

Supporting interested pediatricians and other primary care providers in implementing significant delivery system reforms for

adolescents, however, probably will also require creative payment methods and a new program of grant funding. Insurers may need to establish performance incentives to recognize practices that adopt or expand an adolescent-centered interdisciplinary model of preventive and primary care, and they may also need to provide care management payments for providers who undertake responsibility for sustained communication with their adolescent patients in support of risk reduction objectives. In addition, public funding to finance capital improvements and staffing and practice changes will likely be needed as well.

Even with the involvement of an interdisciplinary staff, practicing pediatricians in our survey still made clear their own need for further training on a broad set of adolescent health topics. It appears that existing residency curricula and continuing medical education programs have not focused sufficient attention on the adolescent population and that new approaches need to be tried. Perhaps better CME models for pediatricians and other primary care providers might be developed with the involvement of key professional organizations concerned with adolescent health, including, for example, the Society

for Adolescent Medicine, the American Academy of Family Physicians, the American Academy of Child and Adolescent Psychiatry, and American College of Obstetricians and Gynecologists along with the AAP. Working collaboratively with these organizations, pediatric educators might also be able to design and implement a more interdisciplinary residency curriculum to better prepare pediatricians, particularly those with a declared interest, to care for adolescent patients. Training reforms tend to happen very slowly, however, unless academic leadership is strong and public funding is available.

It is clear from the survey that a large proportion of pediatricians want to be able to serve their adolescent patients better. It is clear also, however, that enhancing the model of preventive and primary care for adolescents will require the support of public and private payors, government agencies, academic institutions, as well as the AAP. Pediatricians cannot be expected to move this agenda forward alone. There must be a shared national commitment to ensure that adolescents receive the clinical health care services they need to improve their health status and transition successfully into adulthood.

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Endnotes

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The National Alliance to Advance Adolescent Health provides education, research, policy analysis, and technical assistance to achieve fundamental improvements in the way that adolescent health care is structured and delivered in the United States. Its mission is to enhance the physical and emotional well-being of adolescents, especially those who are low-income and minority, by improving the health care delivery model for adolescents and achieving the infrastructure changes needed to support it. The National Alliance seeks to promote comprehensive, interdisciplinary models of physical, mental, behavioral, and reproductive health care that incorporate a youth development philosophy and operate in collaboration with schools and other community-based programs. It also seeks to ensure that all adolescents have health insurance coverage for the services they require.

For more information about our work and available publications, contact Corinne Dreskin at The National Alliance to Advance Adolescent Health: cdreskin@TheNationalAlliance.org. Also visit our website: www.TheNationalAlliance.org.

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