National Adolescent Health Information Center

NAHIC

# Assuring the Health of Adolescents in Managed Care

## A Quality Checklist for Planning and Evaluating Components of Adolescent Health Care

Health care systems have traditonally had difficulty serving adolescents well. With the phasing-in of HEDIS measures for adolescent well-care visits and various health screenings, systematic planning for adolescents' health care needs will become increasingly important for managed care organizations. Many managed care organizations are motivated to demonstrate diligence in reaching populations such as adolescents who commonly under-utilize health care services.

Adolescents have special vulnerabilities, health concerns, and barriers to access. Because of developmental characteristics and lack of experience negotiating complex medical systems, adolescents often have difficulty obtaining appropriate health care services on their own. In addition to affordable health care, they need specialized planning to respond to their needs for confidentiality, quality service, and coordination of care As the health care system moves toward managed care, new opportunities to improve the health of adolescents have emerged.

Addressing adolescent health makes sense for managed care organizations who want to both serve their current subscribers well and build positive relationships with future subscribers. Parents want adolescent-focused services. Many parents are anxious about their adolescents, do not know where to turn for help, and are concerned about a variety of health dangers. Adolescents respond to quality care and thus present opportunities for relationships with potential long-term future subscribers.

Focusing on adolescents is important for society as well. Although they are traditionally a healthy population, certain groups of adolescents have significant health problems which are preventable and costly. Many health problems in adulthood have their genesis in behaviors developed during adolescence. For these reasons, paying close attention to adolescent health holds the promise of short and long-term dividends for society as a whole.

To maximize these opportunities, the National Adolescent Health Information Center (NAHIC) has developed a checklist for evaluating and planning health care services for adolescents in managed care settings. NAHIC is a policy information center supported by the federal Maternal and Child Health Bureau of the Health Resources and Services Administration, U.S. Department of Health and Human Services.

This document is organized by the following sections:

- Planning and Evaluating Managed Health Care for Adolescents
- Next Steps for Managed Care Organizations
- A Quality Checklist for Planning and Evaluating Managed Care Components for Adolescents
- Resources: Adolescents and Managed Care
- Background on the National Adolescent Health Information Center

# Planning and Evaluating Managed Health Care Components for Adolescents

### Components of Adolescent Health Care Delivery

This checklist serves as a tool for planning and evaluating the key components of comprehensive, accessible and coordinated health care for adolescents. It presents six key components, identifies important aspects of each of these components and describes ways these components may be fulfilled. These key components include:

- Access for Adolescents
- Adolescent-Appropriate Quality Services
- Coordination of Services
- Adolescent-Sensitive Authorization and Review Processes
- Coordination with Core Public Health Functions
- Adolescent Participation in the System of Care

### Background

With their expanded role in serving the private sector and Medicaid populations, managed care organizations have become essential in assuring the health of adolescents. Comprehensive clinical guidelines developed over the past few years provide managed care organizations with important resources for serving this population. Some managed care organizations are taking this opportunity to systematically plan services that meet the unique health care needs of adolescents.

This checklist was originally prepared by the San Francisco Adolescent and Managed Care Working Group, a group of adolescent health care providers committed to establishing standards of universally accessible health care for adolescents and young adults. The National Adolescent Health Information Center has refined the Working Group's document for use by managed care organizations.
The tool draws upon the American Medical Association's Guidelines for Adolescent Preventive Services (GAPS), Bright Futures, developed with support from the Maternal and Child Health Bureau and the Health Care Financing Administration, and the Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) federal requirements.

### Ways Managed Care Organizations Can Use This Document

A managed care organization can use this checklist to review current practices and to develop procedures designed to better meet the needs of adolescents. Although an internal review process by managed care organizations can help gauge the existing level of adolescent health care services, involving providers, public health personnel, and community participants can further enhance the process. Users of this checklist are encouraged to evaluate the six key components in relation to their settings to help establish their own priorities.

# Next Steps for Managed Care Organizations

There are many possible ways to use this tool.

- A group of providers, subscribers, adolescents, community adolescent health leaders, and staff can be convened to use this checklist to assess the managed care organization's planning and performance regarding adolescents. This group can identify strengths and areas for improvement in the managed care organization's services to adolescents.

- The managed care organization can designate staff and/or providers to develop expertise and take leadership roles in developing adolescent health care services.

- The managed care organization can seek outside consultants to evaluate service delivery and program planning regarding these components.

- The managed care organization can survey providers about their interests and skills in serving adolescents. Identified providers can be designated as "adolescent-oriented" providers in marketing materials.

- This checklist can be used over time to assess changes in the managed care organization's responsiveness to adolescent health needs.

# A Quality Checklist for Planning and Evaluating Components of Adolescent Health Care

## Instructions for Evaluating your Organization

Following each item is a scale for evaluating the degree the managed care plan fulfills this aspect for adolescents:

None ⟷ Complete

1 2 3 4 5

❑ ❑ ❑ ❑ ❑

1 = No current provision in the plan for this component.

2 = Some limited provision of this component in the plan, but not adolescent-specific.

3 = Some limited provision of this component in the plan, specifically tailored for adolescents.

4 = Fairly complete provisions of this component in the plan, either through general provisions or adolescent-specific services.

5 = Comprehensive inclusion of this component in the plan, specifically designed for adolescents.

(Note: *EPSDT in the text below indicates an Early and Periodic Screening, Diagnosis and Treatment standard.)

None ⟷ Complete

1 2 3 4 5

## A. Access for Adolescents

1. Institute policies and procedures to assure confidential care including:

   a) Establish confidentiality policies regarding family planning and reproductive health services, sexually transmitted disease care, substance abuse treatment, and/or mental health treatment, consistent with state and federal law. ❑ ❑ ❑ ❑ ❑

   b) Establish policies which allow for adolescents to give informed consent consistent with state guidelines. ❑ ❑ ❑ ❑ ❑

   c) Establish financial policies and procedures for adolescents to enable access to specified confidential services, consistent with state law:

      i. limit deductibles to ensure adolescent affordability. ❑ ❑ ❑ ❑ ❑

      ii. establish procedures in billing and statement of benefits which ensure confidentiality, consistent with state law. ❑ ❑ ❑ ❑ ❑

2. Enable access to adolescent-oriented providers:

   a) Clearly identify adolescent providers and services in marketing materials. (See below for adolescent provider designation). ❑ ❑ ❑ ❑ ❑

   b) Establish mechanisms to assure adolescent choice of provider different and independent from other family members and to inform adolescents and family members of this option. ❑ ❑ ❑ ❑ ❑

3. Assist adolescents to reduce barriers to access:

   a) Educate adolescents regarding their rights to confidential health care and the meaning of informed consent. ❑ ❑ ❑ ❑ ❑

   b) Inform adolescents regarding the laws and policies that apply in their state which allow minors to consent to health care, protect confidentiality, and/or otherwise facilitate adolescents' access to care. ❑ ❑ ❑ ❑ ❑

None ⟷ Complete

1 2 3 4 5

1 2 3 4 5

c) Educate adolescents and their families on how to access their plan's services (e.g. enrollment procedures and requirements, disenrollment, information lines). ❑ ❑ ❑ ❑ ❑

d) Establish an adolescent hotline to provide information to adolescents on how to most effectively enroll and utilize their health plan. ❑ ❑ ❑ ❑ ❑

4. Other adolescent-specific policies or procedures designed to facilitate access: ❑ ❑ ❑ ❑ ❑

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## B. Adolescent-Appropriate Quality Services

1. Implement guidelines for care:

a) Regular annual comprehensive preventive health care visits with modifications for setting/location and special populations. Specify which:

- Bright Futures (Maternal and Child Health Bureau) ❑ ❑ ❑ ❑ ❑
- Guidelines for Adolescent Preventive Services/GAPS (AMA) ❑ ❑ ❑ ❑ ❑
- Put Prevention into Practice (USPHS/DHHS) ❑ ❑ ❑ ❑ ❑
- Other _____ ❑ ❑ ❑ ❑ ❑
- Our own standards ❑ ❑ ❑ ❑ ❑

b) If the managed care organization has developed its own standards, does it include protocols for:

| | | | | | |
|---|---|---|---|---|---|
| Dental | ❑ | ❑ | ❑ | ❑ | ❑ |
| General health problems | ❑ | ❑ | ❑ | ❑ | ❑ |
| Health guidance | ❑ | ❑ | ❑ | ❑ | ❑ |
| Immunizations | ❑ | ❑ | ❑ | ❑ | ❑ |
| Laboratory assessments | ❑ | ❑ | ❑ | ❑ | ❑ |
| Mental health | ❑ | ❑ | ❑ | ❑ | ❑ |
| Physical exams | ❑ | ❑ | ❑ | ❑ | ❑ |
| Referrals | ❑ | ❑ | ❑ | ❑ | ❑ |
| Reproductive health | ❑ | ❑ | ❑ | ❑ | ❑ |
| Risk-screening | ❑ | ❑ | ❑ | ❑ | ❑ |
| Substance abuse screening | ❑ | ❑ | ❑ | ❑ | ❑ |

c) Reimbursement or capitation rates to enable sufficient staff time to establish rapport and complete comprehensive preventive health visits. ❑ ❑ ❑ ❑ ❑

d) Developmentally appropriate and culturally sensitive health education and guidance for adolescents, parents and other family members, and partners should be provided by personnel skilled in health education. ❑ ❑ ❑ ❑ ❑

e) Criteria for referral for those with complex medical problems. ❑ ❑ ❑ ❑ ❑

f) Criteria for referral for those with complex mental health problems. ❑ ❑ ❑ ❑ ❑

g) Rehabilitation services including outpatient and residential drug treatment. ❑ ❑ ❑ ❑ ❑

2. Clearly identify providers with skills working with adolescents:

a) Encourage self-designation as an adolescent primary health care provider by those who are committed to working with adolescents and who have training and skills in care coordination and in providing primary care in reproductive health, mental health, and substance abuse treatment. ❑ ❑ ❑ ❑ ❑

None ⟷ Complete

1 2 3 4 5

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| b) Identify Board eligible/certified Adolescent Medicine Specialists to serve as primary care providers, subspecialty consultants, and referral sources for primary care gatekeepers. | ❑ | ❑ | ❑ | ❑ | ❑ |
| 3. Establish a quality improvement process within each provider group to monitor and improve adolescent access, quality of care, coordination, collaboration, and member participation in planning and evaluation. | ❑ | ❑ | ❑ | ❑ | ❑ |
| 4. Establish adolescent health resource mechanisms for consultation on adolescent health issues and problems: | | | | | |
| a) Establish user-friendly and systematic access to subspecialty advice and formal consultation, including mental health and substance abuse treatment. | ❑ | ❑ | ❑ | ❑ | ❑ |
| b) Provide up-to-date resources and reference materials which can be available for clinical use where services are provided. | ❑ | ❑ | ❑ | ❑ | ❑ |
| 5. Other adolescent-specific policies and procedures to improve quality of adolescent services: | ❑ | ❑ | ❑ | ❑ | ❑ |

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## C. Coordination of Services

| | | | | | |
|---|---|---|---|---|---|
| 1. Establish collaboration mechanisms for information about and referral to providers, organizations, and systems dealing with: | | | | | |
| Developmental disabilities | ❑ | ❑ | ❑ | ❑ | ❑ |
| Education/special education | ❑ | ❑ | ❑ | ❑ | ❑ |
| Foster care | ❑ | ❑ | ❑ | ❑ | ❑ |
| Mental health | ❑ | ❑ | ❑ | ❑ | ❑ |
| Probation | ❑ | ❑ | ❑ | ❑ | ❑ |
| Reproductive health care | ❑ | ❑ | ❑ | ❑ | ❑ |
| School based/linked health centers | ❑ | ❑ | ❑ | ❑ | ❑ |
| Social services | ❑ | ❑ | ❑ | ❑ | ❑ |
| Substance abuse | ❑ | ❑ | ❑ | ❑ | ❑ |
| Temporary Assistance to Needy Families/TANF (previously AFDC) | ❑ | ❑ | ❑ | ❑ | ❑ |
| Other special issues (e.g. teen pregnancy/parenthood, HIV/AIDS, violence) | ❑ | ❑ | ❑ | ❑ | ❑ |

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| | | | | | |
|---|---|---|---|---|---|
| 2. Conduct outreach services to inform adolescents, parents, and adolescent-serving agencies about health plan services to encourage entry to services, appropriate referrals, ready communication, continuity, and commitment to care. *EPSDT | ❑ | ❑ | ❑ | ❑ | ❑ |
| 3. Implement case-management systems for high-risk adolescents including activities such as transportation assistance, translation, supportive counseling, home/community visits, and brokering of services. Clients to be considered for referrals should include: adolescents with HIV/AIDS, multiple sexually transmitted diseases, substance abuse problems, history of repeated medical non-compliance, chronic diseases, and/or complex health risks (e.g. homeless and/or runaway adolescents, adolescents waiting for mental health services).*EPSDT | ❑ | ❑ | ❑ | ❑ | ❑ |
| 4. Encourage contractual agreements with established essential community providers (such as school-based health centers, local health agencies, family planning clinics, substance abuse treatment programs) for services such as adolescent-specific outreach, health education, case management. | ❑ | ❑ | ❑ | ❑ | ❑ |
| | None ← → Complete | | | | |
| | 1 | 2 | 3 | 4 | 5 |

None ⟷ Complete
1 2 3 4 5

5. Other adolescent-specific policies and procedures to enhance coordination:

_____ ❑ ❑ ❑ ❑ ❑

## D. Adolescent-Sensitive Authorization and Review Processes

1. Use reviewers with expertise in adolescent health for establishing prior authorization and utilization policies. ❑ ❑ ❑ ❑ ❑
2. Use broad definition of "medical necessity" in authorization and review processes. The EPSDT definition includes screening, preventive, diagnostic, and treatment services necessary to address physical, mental, and developmental problems regardless of etiology. *EPSDT ❑ ❑ ❑ ❑ ❑
3. Other adolescent-specific means to enhance authorization and review processes: ❑ ❑ ❑ ❑ ❑

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## E. Coordination with Core Public Health Functions

1 Collaborate with public health agencies and other care providers in adolescent epidemiology and surveillance, in the development of adolescent health outcome measures, in quality assurance and in monitoring access and satisfaction. *EPSDT ❑ ❑ ❑ ❑ ❑
2. Provide opportunities for input from adolescents, families, and service delivery providers in the managed care organization's policy-making process. ❑ ❑ ❑ ❑ ❑
3. Develop a community planning process which includes adolescents, their families, advocates and providers. ❑ ❑ ❑ ❑ ❑
4. Monitor quality using adolescent access, satisfaction, health outcomes, system navigation landmarks, and compliance, as well as other indicators, such as chart reviews. ❑ ❑ ❑ ❑ ❑
5. Other adolescent-specific means to enhance core public health functions: ❑ ❑ ❑ ❑ ❑

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## F. Adolescent Participation in the System for Care

1. Involve adolescents in outreach, orientation, marketing, and peer education. ❑ ❑ ❑ ❑ ❑
2. Include adolescents in establishing formal mechanisms for consumer input, including surveys, focus groups, and advisory panels. ❑ ❑ ❑ ❑ ❑
3. Provide adequate support for adolescent involvement in planning and evaluation through training, guidance, and mentors. ❑ ❑ ❑ ❑ ❑
4. Other adolescent specific means for enhancing participation: ❑ ❑ ❑ ❑ ❑

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None ⟷ Complete
1 2 3 4 5

# Resources:

## Adolescents and Managed Care


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For further information on this checklist, please contact David Knopf, LCSW, MPH at the National Adolescent Health Information Center at (415) 502-4856.



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# Background on NAHIC


The National Adolescent Health Information Center

University of California, San Francisco
Division of Adolescent Medicine and
Institute for Health Policy Studies
1388 Sutter St, Suite 605A
San Francisco, CA 94109
Phone: 415-502-4856
Fax: 415-502-4858
Email: nahic@itsa.ucsf.edu


The National Adolescent Health Information (NAHIC) was established with funding from the Maternal and Child Health Bureau in 1993 (MCJ06A80) to promote linkages among key sectors of the health care system that affect the health of adolescents. Major activities have focused on promotion of collaborative networks; information collection, analysis and dissemination including studies to synthesize research and policy trends; and, technical assistance, consultation and continuing education.

U.S. Department of Health Services
Public Health Service

HRSA
Health Resources & Services Administration
Maternal & Child Health Bureau
Office of Adolescent Health

MCHB
Maternal and Child Health Bureau

NAHIC Faculty and Staff

Charles E. Irwin, Jr., MD, Claire Brindis, DrPH, Susan G. Millstein, PhD, Elizabeth M.Ozer, PhD, David Knopf, LCSW, MPH, Courtney Cart, MSW, MPH, Kim Craven, MA, Pamela S. Witt

Fact Sheets:

- Investing in Preventive Health Services for Adolescents
- Adolescent Demographics
- Adolescent Mortality
- Adolescent Homicide
- Adolescent Suicide
- Adolescent Injury
- Adolescent Substance Abuse
- Adolescent Sexuality
- Adolescent Pregnancy Prevention: Effective Strategies
- Adolescent Health Care Utilization
- Out-of-Home Youth

Current Reports:

- America's Adolescents: Are They Healthy?
- Improving Adolescent Health: An Analysis and Synthesis of Policy Recommendations
- Health Care Reform: Opportunities for Improving Adolescent Health

Forthcoming Reports:

- Research Priorities in Adolescent Health: An Analysis and Synthesis of Research Recommendations
- Youth and Violence: Lessons from the Experts
- Targeting the Neediest: An Analysis of Health Policy Related to Adolescent Special Populations

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University of California, San Francisco
Division of Adolescent Medicine and
Institute for Health Policy Studies
1388 Sutter St, Suite 605A
San Francisco, CA 94109