Adolescent Well Care including Depression Screening and Immunization
Primary Care Collaborative
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VERMONT
DEPARTMENT OF HEALTH

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Objectives

- Describe adolescent development
- Review *Bright Futures* and high quality adolescent well care, including depression screening
- Describe *UMatter Suicide Prevention Campaign*
- Discuss current Vermont models for co-location of mental health professionals and child psychiatry consultation
- Review current recommendations for adolescent immunization
  - Factors affecting immunization rates in adolescence
  - Review and share strategies to improve rates

Quality Adolescent Healthcare

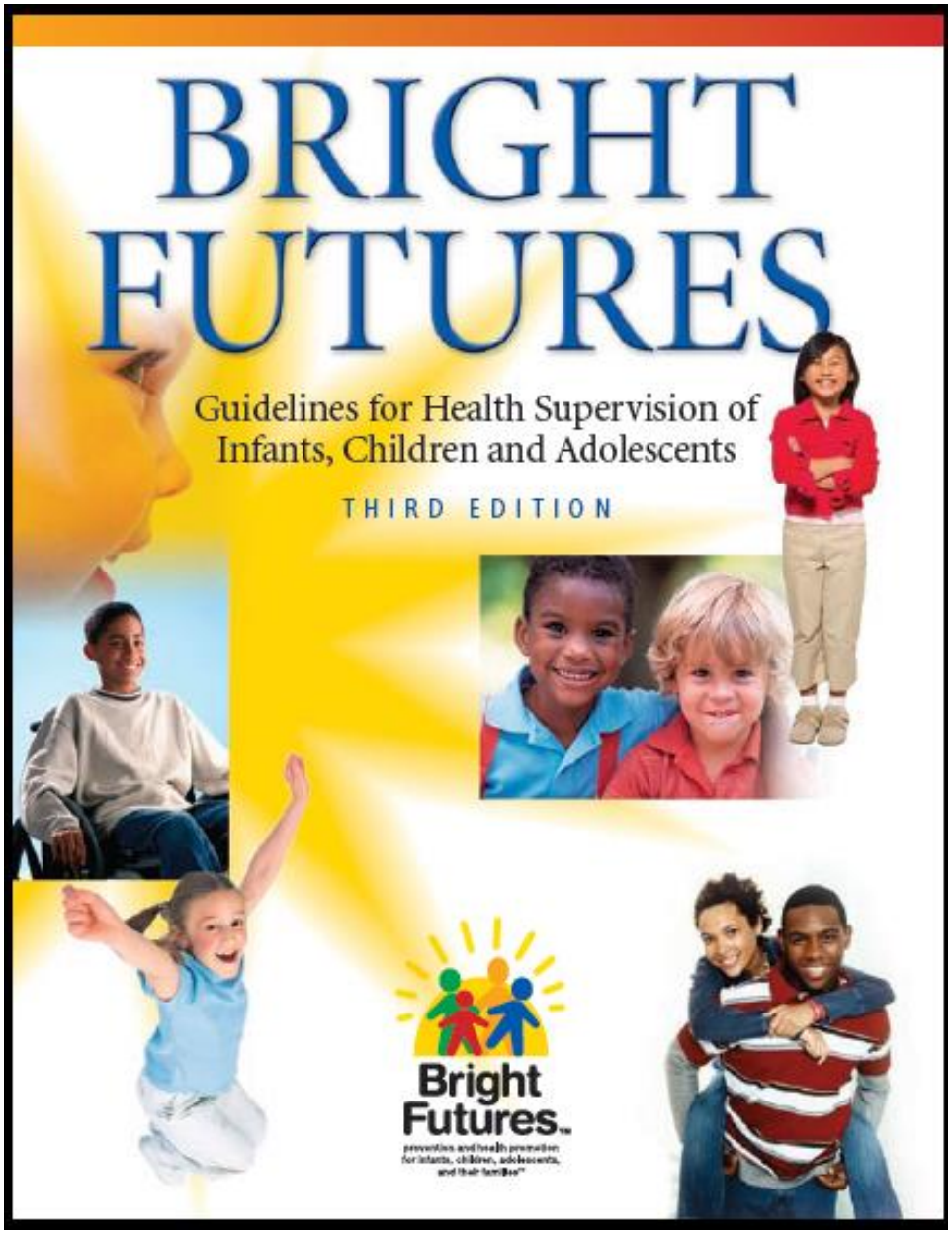
- Annual Well Visits
- Immunization
- Screen for:
  - Physical activity
  - Nutrition
  - Sexual Behavior
  - Substance Use
  - Safety
  - Emotional Health
- Build on strengths:
  - Relationships
  - Competencies
  - Decision making
  - Resiliency
  - Positive way of life in community
  - Self confidence/ hopefulness

Why Are Annual Well Child Exams Critical?

- Prevention, Prevention, Prevention
- Screening for early detection of risk behavior and socio-emotional needs
- Opportunity to identify strengths and to educate youth and families on normal adolescent development
- Opportunity for non-parent adult relationship
- Modeling preventive services for youth before adulthood

Hagan J, Shaw J, Duncan P. *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents*: Third Edition. Elk Grove Village; 2008: 520-521.

VCHIP
VERMONT CHILD HEALTH IMPROVEMENT PROGRAM



Bright Futures™
prevention and health promotion for infants, children, adolescents, and their families™

…is a set of principles, strategies and tools that are theory - based, evidence - driven, and systems - oriented, that can be used to improve the health and well-being of all children through culturally appropriate interventions that address the current and emerging health promotion needs at the family, clinical practice, community, health system and policy levels.

Assessing Strengths

- **Generosity:**

  Do you have any opportunities to help others?
- **Independent Decision Making:**

  Do you have opportunities to make decisions for yourself?
- **Mastery:**

  Do you have opportunities for developing skills or abilities or getting good at something?
- **Belonging:**

  Do you have opportunities for connecting to others?

Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Institute of Medicine, 2009.

- 40% of all lifetime cases of diagnosable mental illness in adults began by age 14 and 75% began by age 24.
- The prevention of mental, emotional, and behavioral (MEB) disorders and physical disorders and the promotion of mental health and physical health are inseparable.

Adolescent Depression Screening: PHQ-2

Over the past two weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things.
   - 0 = Not at all
   - 1 = Several days
   - 2 = More than half the days
   - 3 = Nearly every day
2. Feeling down, depressed, or hopeless.
   - 0 = Not at all
   - 1 = Several days
   - 2 = More than half the days
   - 3 = Nearly every day

Total point score: _____

PHQ-2: Score Interpretation

Score	Probability of major depressive disorder	Probability of any depressive disorder
1	15.4%	36.9%
2	21.1%	48.3%
3	38.4%	75.0%
4	45.5 %	81.2%
5	56.4%	84.6%
6	78.6%	92.9%

Youth Risk Behavior Survey (YRBS): 2013

- So sad or hopeless almost every day for 2 weeks or more in a row in the last 12 months that they stopped doing some usual activities:

  18% middle school 21% high school

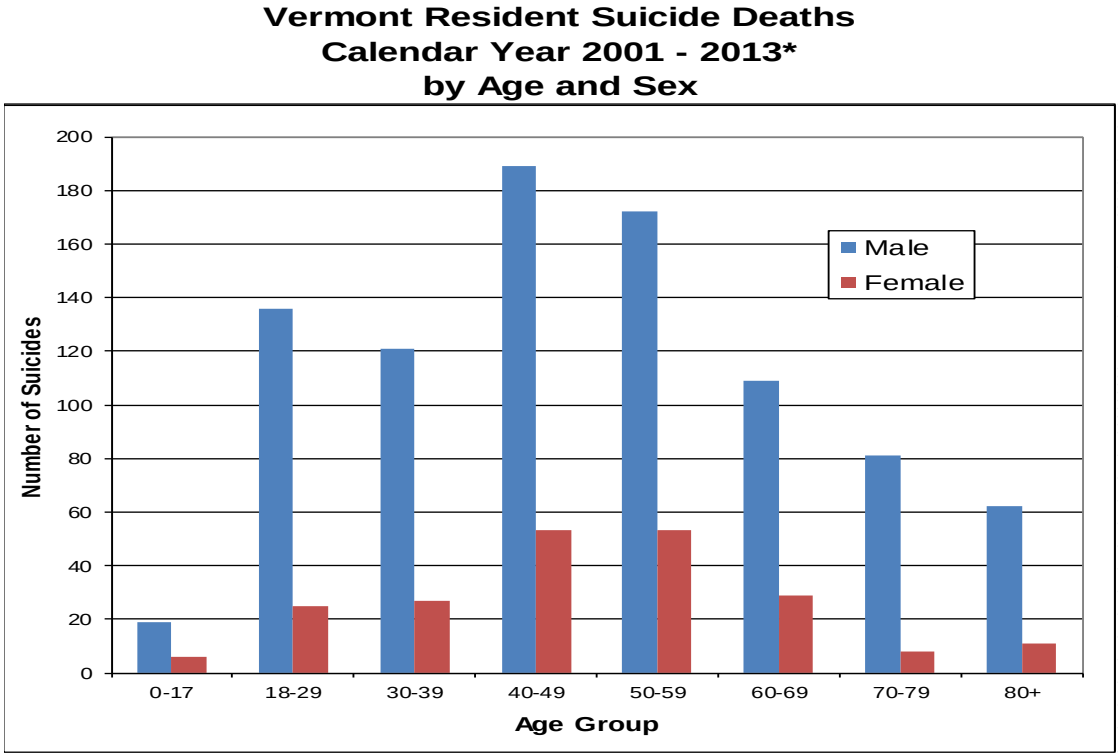
- Made a suicide plan:

  11% middle school 11% high school

- Made a suicide attempt:

  5% middle school 5% high school

VT Resident Suicide Deaths 2001-2013



Age Group	Male	Female	Age Group Total	M:F
0-17	19	6	**25**	3:1
18-29	136	25	**161**	5:1
30-39	121	27	**148**	4:1
40-49	189	53	**242**	4:1
50-59	172	53	**225**	3:1
60-69	109	29	**138**	4:1
70-79	81	8	**89**	10:1
80+	62	11	**73**	6:1
Gender Total	**889**	**212**	**1101**	4:1

Vermont Department of Health

*Based on PRELIMINARY data from the Vital Statistics System maintained by Vermont Department of Health. Data are current as of December 4, 2013 and includes cases up to and including October 2013. Counts are subject to change as more information is made available.

Umatter: http://www.umatterucangethelp.com/

Vermont Department of Health

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- Do you think you need help? If you are worried that you or someone you know is suicidal, remember you are not alone. Help is nearby.
  - In an emergency, dial 911.
  - Go to the nearest emergency room.
  - Talk to someone who can help; dial your local crisis hotline.
  - Or call the National Suicide Prevention Lifeline

    (800) 273-8255 (TTY: (800) 799-4889.
  - If you are a US military veteran, call (800) 273-8255 and press 1.

  Never leave a suicidal person alone.

Risk Factors

- Risk factors are stressful events, situations, or conditions that may increase the likelihood of suicide. They neither predict nor cause suicide, but they can affect a person's ability to cope or to see a variety of solutions for their problems. Examples:
  - Rejection by peers, bullying, or harassment
  - One or more prior suicide attempts
  - Easy access to a firearm, pills, other lethal means
  - Suicide cluster in the community
  - Family history of suicide
  - Loss of a loved one or a significant relationship

Warning Signs:

Cause for Immediate Concern:

- Threatening suicide or expressing a strong wish to die.
- Seeking access to lethal means – guns, medications, poisons.
- Talking or writing about death, dying, or suicide.

Integrated Behavioral Health in Primary Care

- DMH/VDH Child Psychiatric Consultation
- UVM/FAHC Child Psychiatry Consultation
- Brattleboro Retreat Child Psychiatric Consultation
- UVM Child Psychiatry/VCHIP Telemedicine
- Child Behavioral Health Co-Location Models

Recommended Adolescent Immunizations

- Tetanus, diphtheria, pertussis
- Human papillomavirus
- Meningococcal
- Influenza

Catch up and High risk

- Hepatitis A (2 doses)
- Hepatitis B (3 doses)
- Measles, mumps, rubella (2 doses)
- Varicella (2 doses)

Tdap

- 2006: 11-12 year old booster (waning immunity)
- Required for Vermont school entry
- Vermont data: any Tdap since ages 13-17 = 93%*
- National data (2012): 85%*

* - 2012 National Immunization Survey for Teen 13-17 years

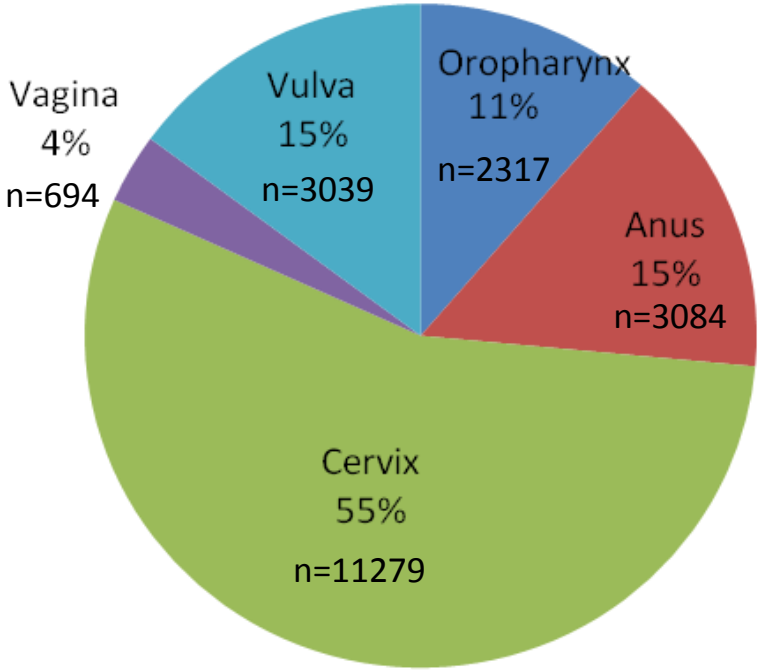
Human Papilloma Virus

- HPV prevalence = 40% age 14-19 year olds

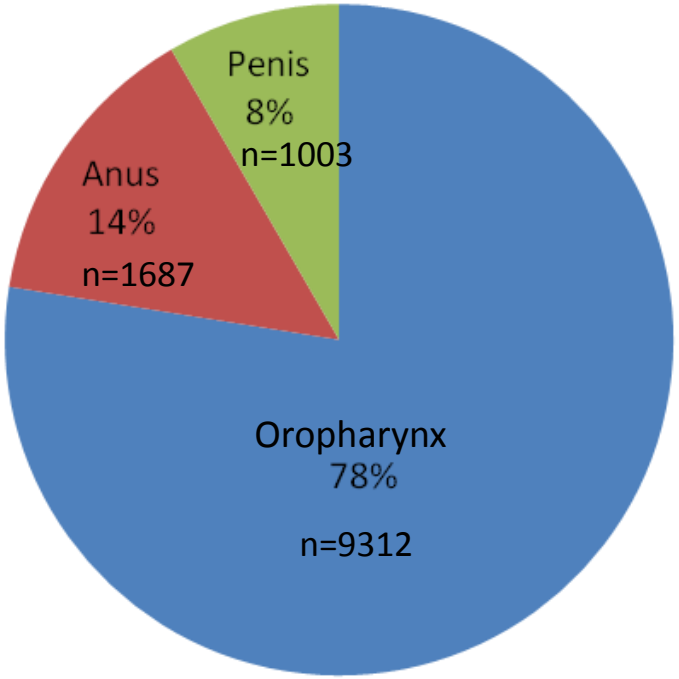
- HPV4 (types 6,11,16,18) licensed for **males** and females
  - Vaginal, vulvar, cervical, anal, penile, **oropharyngeal**
  - Genital warts

Average Number of New HPV-Associated Cancers by Sex, in the United States, 2005-2009

Women (N=20,413)

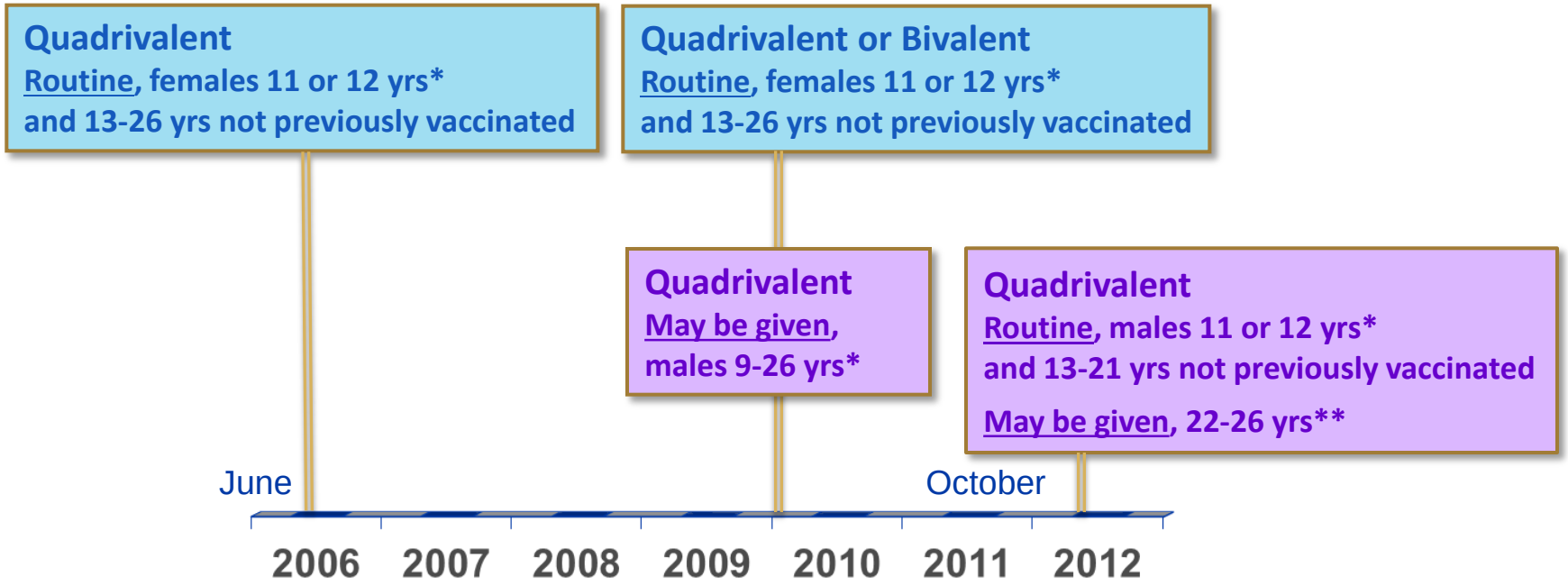


Men (N=12,002)



Jemal A et al. J Natl Cancer Inst 2013;105:175-201

Evolution of recommendations for HPV vaccination in the United States



Quadrivalent (HPV 6,11,16,18) vaccine; Bivalent (HPV 16,18) vaccine

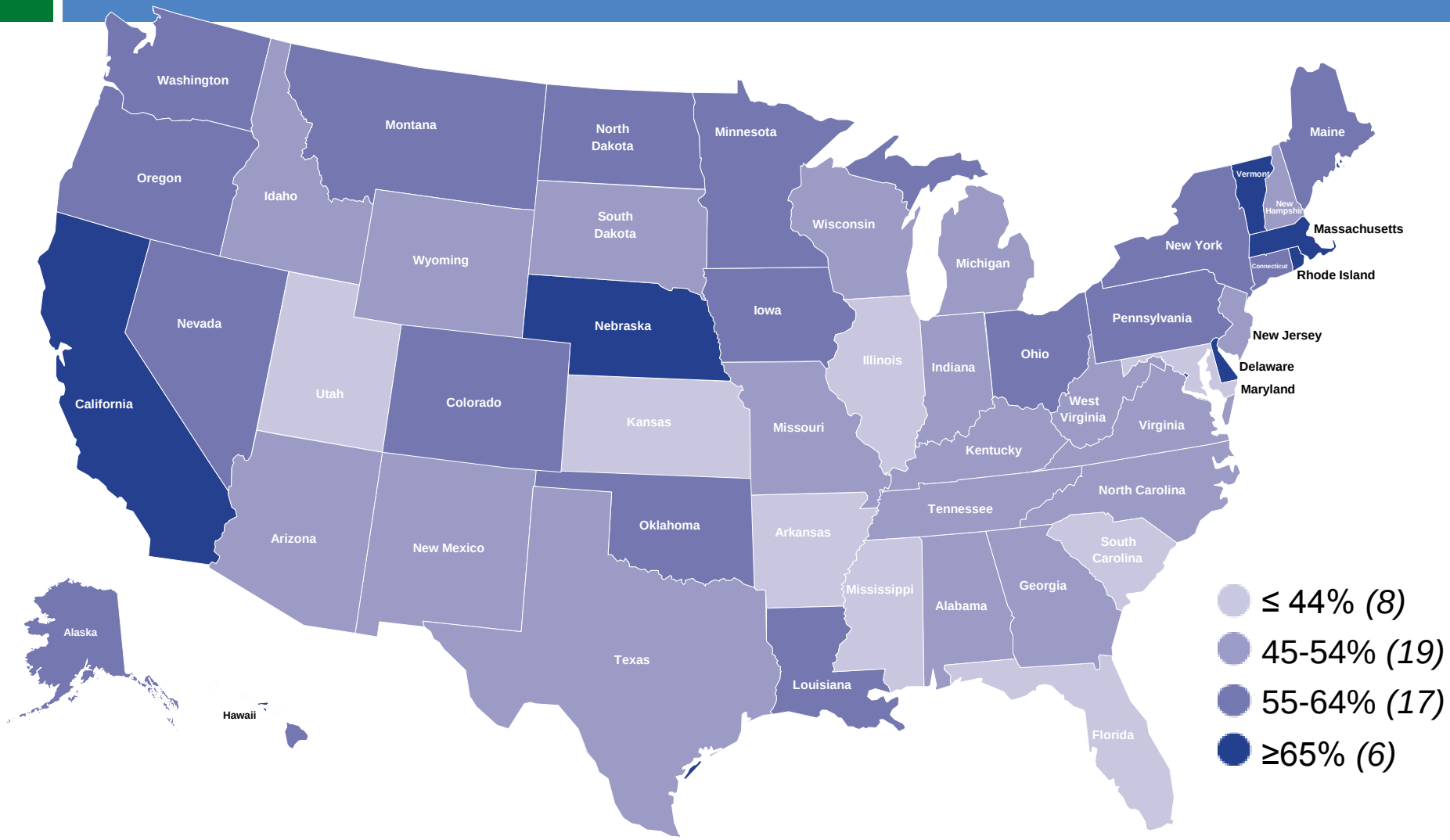
* Can be given starting at 9 years of age; ** For MSM and immunocompromised males, quadrivalent HPV vaccine through 26 years of age

Human Papillomavirus

- Vermont data (2012): 66% of adolescent females received at least one dose of HPV
  - All 3 doses (2012): 46%

- National data (2012): 54% of adolescent females received at least one dose of HPV

Coverage of 1 of More Doses of HPV among Adolescent Girls 13-17 Years by State, NIS-Teen 2012



Meningococcal

- Invasive disease: pneumonia, meningcoccemia, meningitis, death
- Adolescents and young adults in close proximity
- 2010, MCV4 age 11-12 and booster for 16 year olds
- Vermont Data (2012): 73% (one dose)
- National Data (2012): 74% (one dose)

Influenza

- 2008: routine vaccination to all children age 6 months to 18 years
- 2010: any one older than 6 months
- Vermont data: 38%

Patient-level Barriers

- Adolescent Well Visits
  - Vermont data (2010): 46% annual visits (Medicaid)
- Awareness
  - Antivaccine movement
- Consent

Provider-level Barriers

- Perceived patient behavioral risk
- Knowledge
  - Disease risk
  - Prevalence
  - Revised schedule
- Patients not coming in (annual visits)

Strategies

- Recall and reminder systems: In several studies, clinic staff reminder significantly more effective in lowering no-show rates compared with automated appointment reminder
- Teen-friendly setting and hours
- Flag immunization needs on all charts
- Immunizations at Acute Visits
  - Any visit as opportunity

Strategies

- Printed info sheets for parents and adolescents
- Rebrand messaging about HPV as a cancer prevention vaccine (uncouple from sexual activity)
- Refusal to vaccinate forms to sign
- Review IZ and flag all adolescent charts for Well Exams and Acute Visits
- Post IZ schedule in exam rooms

Questions/Comments

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