Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner

Maine Department of Health and Human Services
Office of MaineCare Services - Value-Based Purchasing
11 State House Station
Augusta, Maine 04333-0011
Toll Free: (866) 796-2463; TTY: Dial 711 (Maine Relay)
Fax: (207) 287-3373

Provider Playbook:

Increasing Adolescent Well-Care Visits

Table of Contents

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner

Maine Department of Health and Human Services
Office of MaineCare Services - Value-Based Purchasing
11 State House Station
Augusta, Maine 04333-0011
Toll Free: (866) 796-2463; TTY: Dial 711 (Maine Relay)
Fax: (207) 287-3373

Dear Health Home and Behavioral Health Home providers,

Adolescent health is one of DHHS's and the Children's Cabinet priority areas. One of the goals of the Children's Cabinet is that "All Maine children enter adulthood healthy, connected to the workforce and/or education."

I want to thank you for all your work to improve the health of youth through the 2019-2020 Data-Focused Learning Collaborative focused on adolescent well-care visits. I value your partnership as we continue to explore multidisciplinary and cross-sector efforts to best serve adolescents and ensure that they have access to and obtain meaningful well-visits.

- 27% of children in Maine (ages 6-17) have at least one behavioral health disorder, the highest in the nation. [1]
- 16% of Maine middle schoolers have seriously considered attempting suicide. [2]
- 34% of Maine high schoolers are not at a healthy weight. [2]

As you know, these annual, comprehensive well-visits are an important method to deliver screenings, provide anticipatory guidance and health education, and build connections to caring adults. While adolescence is one of the most dramatic periods of human growth and development,[3] only 56% of adolescents ages 12-21 enrolled in MaineCare Health Homes or Behavioral Health Homes received a well-visit in the past year. It is important to establish healthy behaviors in adolescence. Annual comprehensive well-visits are the best way to ensure that chronic diseases and behavioral health issues that first emerge in this age group are addressed early.

Enclosed you will find the "Increasing Adolescent Well-Care Visits" playbook. Included are materials created by your peers in the Health Home and Behavioral Heath Home as well as by state and national organizations. We hope this playbook will help you engage more adolescents in your office and start to build a foundation for success with youth around long-term health and health care utilization.

Michelle Probert

Director, Office of MaineCare Services

[1] Whitney, D. (2019). US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. JAMA Pediatrics.

[2] Maine CDC (2017). Maine Integrated Youth Health Survey (MIYHS)

3 Arain M, Haque M, Johal L, et al. (2013). Maturation of the adolescent brain. Neuropsychiatr Dis Treat.

Adolescent Well-Care (AWC) Measure

GENERATING BETTER HEALTH OUTCOMES AND IMPROVING QUALITY SCORES IS A POSITIVE OUTCOME FOR EVERYONE.

MaineCare is offering support by providing the details of the AWC measure and other valuable tips. This will help optimize quality scores in a way that more accurately reflects your performance as a provider.

Description of Measure

This measure evaluates MaineCare members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

What Codes Are Counted?

The following codes do need to be used in combination; one CPT/HCPC and diagnosis code are required to be on the claim, but codes do not need to be primary to count toward the metric. This measure does not include denied claims.

CPT Coding	HCPCS	ICD-10 Diagnosis/Procedure
99384, 99385, 99394, 99395	G0438, G0439	Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9

CPT Coding and ICD-10 Diagnosis/Procedure codes listed above, do not include other applicable Well-Visit codes outside of the AWC 12-21 year old age range.

Tips to get started on improving your AWC quality score

- Sports physicals are not reimbursable through MaineCare and are not applied to this quality measure. Speak to the parent/guardian and patient about doing a full well-care visit instead.
- If the adolescent comes into the office for an acute visit and has not had their well-care visit, see if it's possible to do a well-care visit right then.
- When a MaineCare member calls to refill a medication, use the opportunity to ensure the patient has had a well-care visit in the last twelve months.
- Coordinate with local School-Based Health Centers (if available in your area) to get well-care visit.

If you have any questions please reach out to your Provider Relations Specialist
Or email us at HH-BHH-Services.DHHS@maine.gov.

Office of MaineCare Services 11 State House Station Augusta, Maine 04333-0011

The Importance of Adolescent Well-Care (AWC) Visits:

Educating Parents

Getting parents on board with the idea of bringing their child to a medical provider for an annual adolescent well-care visit is sometimes challenging. While some of that has to do with barriers out of a parent's control, some parents simply do not see the need for an annual visit because their child is "healthy." Some parents may not think it is necessary because their child already sees a doctor multiple times in a year for a chronic condition, such as asthma. While most adolescents aged 12-21 are considered healthy, this is a time when many serious and/or chronic conditions first arise. These include not only physical ailments, but serious mental health and substance use conditions as well. In this transitional time frame, adolescents face significant challenges and therefore, are more likely to participate in activities that risk their overall health. Well-care visits can help adolescents identify and respond to stresses that may lead to the development of some of these conditions and help them make good choices in managing their own health. These good choices in their teen years will positively impact their physical and mental health as adults. Parents often do not understand the difference in the components of these visits and how much more of their child's overall health is explored in an adolescent well-child visit. They are also often unaware of the range of physical and mental health screenings that can take place during a well-child visit, which can be crucial in detecting an emerging serious condition.

Educating parents on the importance of the yearly well-child appointment as a preventative measure for their child's future physical and mental health is essential. Below are some excellent resources in the form of parent hand-outs and office flyers educating parents on the importance of a yearly adolescent well-child visit. You will also find the one-pager developed by MaineCare, explaining the importance of these visits, later in this document. These could be given out when an appointment is made, mailed with a reminder, or emailed to the parent ahead of the visit.

Handouts for parents:

"The Well-Child Visit: Why Go and What to Expect" by the American Academy of Pediatrics

This handout explains how parents can prepare themselves and their child for the visit, what to expect during the appointment, why it is important to go, what will happen after the visit, and valuable links to more parent resources such as immunizations schedules, milestone information, and health tips for each stage.

Printable and customizable flyers, by the National Adolescent and Young Adult Health Information Center

This link contains infographics for practices to hand out or hang in the office, stating the importance of the well visit, the difference between a well-child and a sports physical, and what topics the conversation may consist of.

Key Information to Include in Parent Education

- **Inform parents that the recommendations are now for an annual visit – not every other year or every three years**
  - Annual well-care visits are covered by MaineCare
  - The recommendation for an annual well-care visit is likely different than when parents were growing up

- **Empower parents through partnership-centered language**
  - Remember for parents, their focus is on making sure their child is healthy and gets the best care possible
  - Emphasize that this is a partnership to achieve the best health possible for their child

- **Use facts and statistics**
  - Parents may under-value well-visits as they think that their child is already healthy
  - If possible, include local or school-specific adolescent health statistics
  - Top statistics identified by teens as important to them should be highlighted, including mental health, physical health, sexual health, and stress/anxiety

- **Describe what to expect and what they get during the well-visit**
  - List types of health services available during well-care visits, including screenings for substance use and depression
  - Emphasize to parents that the well-visit may be different than what they experienced when they were growing up
  - Key items that teens identified: bullying, emotional health and wellness, sexual health, stress/anxiety

- **Explain how a well-visit differs from an acute visit or sports physical**
  - Sports physicals reviews a child's current health status and medical history to ensure they are healthy enough to play their sport
  - Well-visits not only focus on the child's physical health but also the developmental, emotional, and social aspects of their health

- **Include how to set up an appointment**
  - List the office phone number
  - Include any other options such as email or an online portal

DID YOU KNOW?

Half of Maine teens don't get an **annual check up**, which increases their chances of having poor **physical and mental health** as an adult.

We want your teen to get the best care possible!

Healthy habits developed in the teen years impact their health as adults. That's why national recommendations call for teens to have a well-care visit every year, even when they are **NOT** sick.

Annual well-care visits can prevent potential risks:

- 1 in 4 Maine teens suffer from **depression**
- 15% of Maine teens have **seriously considered suicide** in the past year
- 1 in 10 Maine teens have used **prescription pain medication** that was not their own

Source: Maine Integrated Youth Health Survey

What to expect?

National recommendations for what should be addressed in a well-care visit have changed over the last decade. Visits are now focused on early identification of health risks and promotion of healthy choices, as well as physical and mental health.

Important health components that may be included in a well-care visit are:

- ✓ Health history and exam
- ✓ Weight, diet, and overall physical health
- ✓ Emotional health and wellness screening and support
- ✓ Immunizations and vaccines
- ✓ Sexual health, and prevention of STIs/STDs and pregnancy
- ✓ Vision and hearing screenings
- ✓ Discussion of drug, alcohol, and vaping use

Well-care vs. sports physical

Sports physicals focus on whether your teen is physically able to participate in a sporting activity. They do not include emotional well-being, risk reduction, or violence and injury prevention. A sports physical form **can** be completed at the time of a well-care visit.

Empower your teen to take control

The teen years are a time of transition and change. Helping your teen take an active role in their health care is essential to their health as an adult. We make sure to explain our confidentiality policies and ensure that the provider spends a part of the visit alone with the teen to build trust.

Transportation problems?

You may be able to get a ride to your teen's appointment or your ride reimbursed by MaineCare if the appointment is covered by MaineCare and you are eligible for transportation services.

How do you or your teen schedule an appointment? Please call us at ( ) - today!

Designed and distributed by The Office of MaineCare Services www.maine.gov/dhhs/oms

Teen Health Services and One-On-One Time with A Healthcare Provider

— An Infobrief for Parents —

The teen years are an important time of growth and development. Teens need regular medical care to ensure they receive recommended health services that help keep them safe and healthy. Having a healthcare provider (e.g., a doctor or nurse practitioner) they trust and can talk to is important, particularly when it comes to topics such as mental and sexual health, substance use, and safety from bullying. Parents can help create that trusting relationship by allowing their teen one-on-one time with their healthcare provider.

Why is one-on-one time with a healthcare provider important?

As adolescents develop and take greater responsibility for their lives, it makes sense for them to be more engaged in their own health care. Current guidelines from the American Academy of Pediatrics (AAP) recommend that providers begin having one-on-one time, commonly referred to as "time alone", with young people as early as age 11.[1]

Providers who spend one-on-one time with teens early on help establish this practice as a routine part of care, and provide teens with regular opportunities to raise any concerns in an open manner.[2] Ensuring teens have a chance to discuss sensitive issues, such as relationship concerns or depression, can increase their satisfaction with medical care and receipt of preventive health services.[3,4] A recent report from AAP encourages providers to have one-on-one time with teens in order to provide accurate and comprehensive sex education, including personalized information on risks and prevention strategies.[5]

Do teens get one-on-one time with healthcare providers?

Research suggests that not enough teens get one-on-one with their providers. One study found that only 38% of teens 15-17 years old had one-on-one time with a provider during a clinic visit in the prior year.[6] Another study found that out of 144 medical visits attended by a parent, just 68% involved time alone between the provider and teen.[3]

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of Adolescent and School Health

What parents can do:

Prepare yourself	Talk with the healthcare provider about when to begin giving your teen more autonomy with their health care, and when you can expect the provider to ask for time to discuss your teen's health privately. Initially, the provider may ask you to step out of the room for a short period of time, with the time lengthening as your teen gets older and more comfortable with taking responsibility.
Prepare your teen	Check in with your teen prior to beginning this process. Ask if he or she will be comfortable talking to the provider alone. As they get older, give your teen a heads up that you will be stepping out of the room and encourage them to think about what they would like to discuss with their provider during that time. As your teen gets older, you may want to ask them whether they want you to come into the exam room at all.
Work with your teen's provider	Working together as a team, you and the provider can ensure that your teen has the opportunity to discuss openly with both of you issues that may be concerning.
Talk with your teen	Have regular conversations with your teen about health-related topics, including healthy relationships, mental health, and the prevention of HIV, other sexually transmitted diseases, and pregnancy. These discussions will help to reinforce and build your teen's confidence to talk openly with a provider whether or not you are in the room.
Be supportive	When your teen's provider asks you to step out of the room, you can signal that you appreciate them taking the time to speak with your teen alone. Being supportive can reassure your teen and empower them to take more responsibility for his or her own health care. It also makes it easier for the provider to continue to seek out time alone with your teen at future visits.
Take action	If your teen's provider does not ask you to step out of the room, you can suggest that you do so. Let the provider know you think it is important that your teen and the provider have time alone to talk about their health and well-being.
Look for opportunities	There is usually more time at annual check-ups to allow your teen and providers to have time alone. However, you can look for opportunities to offer to step out of the room during urgent care visits, as well.
Seek out resources	Some resources include CDC's factsheet "Talking to Your Teen about Sex: Going Beyond the Talk" and the Society for Adolescent Health and Medicine's app THRIVE, which can help you begin a dialogue with your teen on important health topics.

References

1. Hagan JF, Shaw JS, Duncan PM, eds. 2008. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. Third Edition. Elk Grove Village, IL: American Academy of Pediatrics.
2. Ford C, English A, Sigman G. Confidential Health Care for Adolescents: position paper for the society for adolescent medicine. *J Adolesc Health* 2004; 35(2): 160-7.
3. O'Sullivan LF, McKee MD, Rubin SE, Campos G. Primary care providers' reports of time alone and the provision of sexual health services to urban adolescent patients: results of a prospective card study. *J Adolesc Health* 2010; 47(1): 110-2.
4. Brown JD, Wissow LS. Discussion of sensitive health topics with youth during primary care visits: relationship to youth perceptions of care. *J Adolesc Health* 2009; 44(1): 48-54.
5. Breuner CC, Mattson G, Committee On Adolescence, Committee On Psychosocial Aspects Of Child and Family Health. Sexuality Education for Children and Adolescents. *Pediatrics* 2016; 138(2).
6. Copen CE, Dittus PJ, Leichliter JS. Confidentiality concerns and sexual and reproductive health care among adolescents and young adults aged 15-25. NCHS Data Brief 2016; (266): 1-8.

Adolescent Health Care, Confidentiality

Concerns about confidentiality may create barriers to open communication between patient and physician and may thus discourage adolescents from seeking necessary medical care and counseling.

When caring for an adolescent patient:

- The American Academy of Family Physicians believes that adolescents' access to confidential healthcare is important for their health and well-being, while also recognizing the benefit of supportive parental involvement.
- Family physicians should be aware of their state's standards regarding adolescent confidentiality. State laws vary, but in general, in areas of care where the adolescent has the legal right to give consent to health services, confidentiality must be maintained.
- The adolescent should be offered an opportunity for examination and counseling separate from parents/guardians, and the physician should encourage and assist the adolescent to involve parents or guardians in healthcare decisions.
- Physicians should deliver confidential health services in situations involving sexuality (including sexually transmitted infections, contraception, and pregnancy), substance use/abuse, and mental health to consenting adolescents.
- Adolescent patients should be made aware that certain situations and circumstances create limitations on guaranteed confidentiality. For example, detailing billing statements and Explanation of Benefits (EOB) notices may be furnished to a guarantor/parent from a third party. Further, information suggesting someone is in imminent danger, the suspicion or evidence of abuse, and the diagnosis of certain communicable diseases all must be reported to the proper authorities.
- If communication between the adolescent and parent cannot be facilitated, every effort should be made by physicians and their staff to ensure confidentiality within the limits of legal and ethical standards.
- Family physicians using electronic medical records should consult their vendor to be certain patient portals are properly configured to meet state standards regarding confidentiality for adolescents whose parents and guardians have proxy access to their records.

Ultimately, regarding confidentiality, the judgment by the physician regarding the best medical interest and safety of the patient should prevail.

Source: American Academy of Family Physicians. (2019 March 18) Adolescent Health Care, Confidentiality. AAFP webpage.

Minors' Rights to Confidential Health Care In Maine: A Practitioner's Resource

A Minor

A minor is a person under the age of 18.

Minors' Consent

As a general rule, Maine law requires a minor who seeks medical treatment to obtain the consent of a parent or guardian. However, as described below, minors who meet specific criteria may consent to *all* medical treatment. In addition, all minors may give consent to certain medical treatments outlined in this card, if the practitioner believes they are capable of giving informed consent.

Minors Who May Consent to ALL Medical Care

If a minor fits one of the following categories, she/he may consent to ALL health care evaluation and treatment without the consent of a parent or guardian:

- The minor has been living separately from the minor's parents or legal guardians for at least 60 days and is independent of parental support.
- The minor is or was legally married.
- The minor is or was a member of the Armed Forces of the United States.
- The minor has been legally emancipated by a court.

Specific Medical Care for Which ANY Minor May Give Consent:

Contraceptives and Pregnancy Testing

Minors do not need parental consent to receive pregnancy tests or contraceptives, which include birth control pills, patches, injectables and implantables, so long as the physician believes that the minor would "suffer probable health hazards" (including sexually transmitted infections, unintended pregnancy, etc.) if she or he does not receive these services.

Emergency Contraception (EC)

Emergency contraception (also known as the morning-after pill) is a form of contraception that may be used within 120 hours following intercourse. It is intended for situations such as unprotected intercourse, contraceptive failure or sexual assault. For more information on EC, contact the Family Planning Health Center closest to you at 1-877-326-2345. The National EC Hotline (1-888-NOT-2-LATE or www.not-2-late.com) offers additional information on EC options and providers. Minors do not need parental consent to obtain EC.

STIs and HIV

Minors may obtain testing and treatment for sexually transmitted infections, including HIV, without the consent of a parent or guardian.

Maine law requires that anyone who is tested for HIV status receive personal counseling before and after the test. The counseling must include information on the test, such as its reliability and who may be informed of the test results. In addition, the provider must offer the patient specific *written* information concerning HIV. A recently enacted law also requires providers to document the substance of the pre- and post-test counseling in the patient's medical record. It is permissible to use a written consent form for this purpose.

Minors may also obtain anonymous testing for HIV/AIDS at the Department of Human Services-certified anonymous testing sites.

Abortion Services

A minor may consent to an abortion if she does **one** of the following:

1. Provides the physician performing the abortion with her informed written consent and the written consent of a parent or another adult family member (aunt, grandmother, etc.).
2. Provides the physician performing the abortion with her informed written consent and receives abortion counseling. The counseling may be provided by a physician or from an approved counselor, who may be a psychiatrist, a psychologist, a social worker, an ordained clergy member, a physician assistant, a nurse practitioner, a guidance counselor, a registered nurse or a licensed practical nurse.
3. Provides the physician performing the abortion with her informed written consent and the written consent of a judge.

Sexual Assault

A minor may consent to health services associated with a sexual assault forensic examination after a sexual assault. If medical personnel believe that the minor has been sexually assaulted or abused, it must be reported, pursuant to the child abuse reporting law.

Emergency Care

When an attempt to secure consent would result in a delay of treatment and increase the risk to the minor's life or health, a minor may receive health services without the consent of a parent or guardian. In an emergency situation, if the patient is incapacitated or unable to make an informed decision about medical treatment, medical care may be provided without the minor's consent or that of a parent or guardian.

Mental Health and Substance Abuse Care

In general, minors may consent to confidential outpatient counseling and treatment for alcohol, drug, and emotional or psychological problems.

Please Note: In cases where minors give their own consent to treatment for substance abuse, STIs, or collecting evidence of sexual assault *provided in a hospital*, the hospital must notify and obtain the consent of the parent or guardian if hospitalization of the minor continues more than 16 hours.

Communication is Critical

Most young people do involve at least one parent when making health care decisions. However, open communication is not always possible. Some cannot involve their parents because they come from homes where physical violence, sexual abuse or emotional abuse is prevalent. For these and other reasons, Maine law allows minors to receive a number of health services, including confidential reproductive health care, without their parents' permission.

Health Care Providers May Facilitate Communication By:

- Establishing a trusting relationship with both patient and parent and discussing the issue of confidentiality.
- Initiating conversations with adolescents about confidential health care.
- Encouraging the adolescent patient to involve a parent or legal guardian when appropriate.
- Discussing whether and how a minor's parents or legal guardians will be involved in her/his health care.

Confidentiality

Fear of disclosure prevents some minors from seeking services. When young people are assured that providers will respect their privacy and provide confidential care, they are more likely to seek care, especially reproductive health care. Generally, when a minor has the right to consent to treatment or testing, the minor has the same right to confidentiality that adults have.

However, there are circumstances in which confidentiality may not be possible, including:

1. Cases of suspected child abuse or neglect, including sexual abuse.
2. Threats by the minor against self or others.
3. Cases where the provider believes that failure to inform the parent or guardian would seriously jeopardize the health of the minor or would seriously limit the provider's ability to provide medical care.
4. The billing and the health insurance claims process, which may result in the disclosure of confidential information to a minor's parents.

To Help Ensure Confidentiality, Health Care Providers May:

- Ask the minor patient for alternative contact information (address and phone numbers where they can be reached) if the patient does not want to be contacted at home.
- Inform the patient if billing or the insurance claims process may compromise confidentiality; take steps to prevent the inadvertent disclosure of confidential information.
- Discuss insurance, billing, and alternative forms of payment with the minor patient.
- Educate their billing department about minors' rights to confidentiality and be sensitive to the information on bills sent home.

continued on back panel

To Help Ensure Confidentiality ... *continued*

- Investigate ways to create filing and other systems that protect adolescents' confidentiality.
- Seek the permission of the patient prior to releasing medical records of confidential care provided to minors.
- Consult with legal counsel before releasing any medical records that might result in harm to the adolescent patient.

Please Note: This publication is intended as a guide, and is not meant to provide individual legal assistance. Please check with your legal counsel for site-specific clarification.

Developed by:

Physicians for Reproductive Choice and Health®
(PRCH)

Maine Chapter of the American Academy of Pediatrics

Maine Medical Association

The Center for Adolescent and Young Adult Health,
Maine Coast Memorial Hospital

The American Civil Liberties Union of Maine

Family Planning Association of Maine

For reprint and ordering information
email amy@prch.org.

To become a physician member
of *Physicians for Reproductive Choice and Health®*
call 646-366-1890 x12 or visit www.prch.org.

Reducing Common Barriers to AWC Visits

There are many barriers, both financial and non-financial, that can delay or stop parents from accessing health care for their children. In Maine, these quite often include transportation; physician shortages and limited appointment availability; language and cultural differences; lack of knowledge, either of the importance of well-care visits or of resources available to them; and lack of cooperation from the adolescent.

Below are examples of how some MaineCare Health Home providers are choosing to tackle these barriers across the state.

MaineCare Non-Emergency Transportation:

- Provide regional information on MaineCare Non-Emergency Transportation (NET) services to MaineCare members
- Be aware of the appropriate contacts at the NET service agency to address any concerns with MaineCare member transportation.
- Each NET provider has quarterly provider meetings that you can attend to address questions or concerns. Contact your regional transportation provider to find out more about these meetings

Physician shortages and limited appointment availability:

- Provide information to parents regarding MaineCare Member Services. MaineCare Member Services can advise members who need a new primary care provider on which providers/offices are accepting new MaineCare patients, if their practice is not at that time.
- Extend office hours by staying open later in the evening a few days a week and have walk-in time early in the morning where adolescent well-care visits can be done and/or offer Saturday or Sunday morning hours.
- Hire a part-time physician to handle re-schedules and acute visits only, leaving more appointment times open for well-care visits.

Language and cultural differences:

- Provide language services in-house in the form of bi-lingual staff and/or telephonic interpreters, as described in Federal law.

- Provide important and informational documents (for example, one-pagers on the importance of adolescent well-care visits, safety measures or other topics of current concern) in various languages.
- Ensure other providers the member may have are aware of any possible language barriers so they can be prepared to assist in helping the patient find a translator as necessary.

Lack of knowledge, either of the importance of well-care visits or of resources available:

- Have numerous resources available in various forms, educating parents on the importance of an adolescent well-care visit that include facts and statistics concerning issues adolescents are facing daily; depression, drug and alcohol use, vaping, sexual health, cyber bullying, etc.
- Provide these resources at the office, by mail or email, even by text when an appointment reminder is sent.
- Develop resources providing the above information that are specifically geared towards adolescents; creating an environment where they are advocates in their own healthcare.
- Have a specific document that explains the difference between an adolescent well-care visit and a "sports physical."

When barriers stand in the way of an adolescent accessing a medical provider, it is more difficult for them to receive adequate preventative medical care, build trusting relationships with their medical provider, and attain overall wellness. Our hope is that you will find these examples we have collected from various offices across the state useful in your own practices and organizations.

Care Coordination Between Health Home Program Providers

MaineCare's Value-Based Purchasing (VBP) programs were founded on patient-centered and whole-person care concepts, where the needs of each member determine the services provided through coordinated care. Though behavioral health and primary care providers are accustomed to performing care coordination as it relates to their own specialties, it's necessary to bridge coordination between all specialties to create shared coordination. The correlation between behavioral health and chronic disease has clearly been shown; when one side is not managed, the other is impacted negatively. Strong care coordination between VBP providers is essential to achieve positive outcomes for the member as well as each provider involved in the member's care.

Tips for Improved Care Coordination:

- An important piece of care coordination is meeting a member where they are. This may mean where they are physically, or where they are emotionally or behaviorally.
- The Value-Based Purchasing Management System (VMS) portal and HealthInfoNet (HIN) may be used to determine where a member has recently received services by reviewing claims data or service summary notes.
- HealthInfoNet can also be used as a demographics tracking system – When members aren't particularly responsive, HIN may be used to determine if the member has moved by displaying the most recent demographics information.
- The Maine Immunization Information System (ImmPact) can be used to check on immunization records.
- Health Home (HH) providers may utilize the Behavioral Health Home (BHH) team as a resource to contact a shared member or his/her family.
- The BHH team can assist in educating shared members on important medical information; having a clear understanding of all elements of a medical diagnosis and its management, such as diabetes care.
- The BHH team can attend medical appointments with members to assist the member in understanding what is presented in the appointment and ensure that all member information is delivered to the medical provider, especially if it is related to the reason for the appointment.
- Health Home and primary care providers may utilize the BHH team in obtaining referrals to other services appropriate for the member, such as medication management, community services, or therapy.

- Documents, such as bi-directional forms, allow providers to share important information about a member with each other, such as medications, upcoming urgent appointments, and necessary testing.
- Knowing who to contact in an organization for care coordination is key. If you aren't aware of the best point person to coordinate with at the HH or BHH, your provider relations specialist can assist you.
- The VMS portal allows for secure messaging between HH and BHH providers, even without a Memorandum of Understanding (MOU), for non-Protected Health Information (PHI) information. Those providers with an MOU between them may also use messaging for member-level information.
- Help each member understand the various services they receive and why they are receiving them. Educate them on how they will benefit from the services and coordination between providers.

Provider Instructions and Template:
Primary Care and Behavioral Health Home Bi-directional Shared Member Communication Process

Purpose: Communication between healthcare providers is crucial to the safe and effective provision of care for the members we serve. It is the expectation that the Primary Care Providers (PCP) and Behavioral Health Home (BHH) organizations exchange important information about shared members on a regular basis.

Process:

1. Monthly- BHH identifies shared patients and notifies the PCP. The PCP may contact the BHH about a potential shared member who meets the MaineCare criteria.
    a. The BHH will send the list to the PCP Care Manager or the designated contact at the site.
    b. The PCP Care Manager, or contact, will distribute the information to the appropriate team members.

2. Annually or as needed- The BHH Care Manager and the PCP Care Manager, or designees, generate the *Bi-directional Shared Member Communication* template. It will be exchanged at least yearly, or if any of the following occur:

    a. Changes in medications
    b. Changes in or additional diagnoses
    c. Hospital event – admission, discharge, ED visit, transition of care
    d. Discharge from the BHH or the PCP
    e. Any life changing event

    The *Bi-directional Shared Member Communication* template will be faxed or securely emailed between the PCP and BHH. However, if there are multiple changes at any time this will prompt a conversation between the care managers. The *Bi-directional Shared Member Communication* template will be scanned into the individual member's chart.

3. Ongoing-The BHH Care Manager and the PCP Care Manager, or designees, will coordinate the mental health or primary care needs (gaps in care).

4. Ongoing-Practices will develop their own tickler file or calendar to review members and share information.

Best Practice Guidance for use of the *Bi-directional Shared Member Communication* template:

- Template can be completed electronically with permanent information pre-filled (i.e. member name, DOB, PCP, Care Manager names & phone numbers)
- Electronic Medical Record documents can be attached to the form (i.e. problem lists, med lists, annual physical exam notes)
- Key lab and biometric measurements may include blood pressure, HbA1c, TSH, Microalbumin, liver function, weight, and BMI
- Ordering provider should copy lab results to the PCP or BHH
- Current and previous treatment history information may include recent office visits for well-care, diabetes check, ED visits, hospitalizations, other specialist visits, or other community agencies involved in care of the member.
- Summary section may include goals of care, barriers to care, progress toward goals, medication changes/reason, or explanation of significant events (i.e. loss of housing, death or illness of friend or family member)

Template:
Primary Care/Behavioral Health Home: Bi-directional Shared Member Communication

DATE:
PATIENT NAME:
D.O.B.:

Release of Information Effective Dates:

Provider Type	Provider Name	Telephone	FAX
HH Nurse Care Manager			
PCP			
BHH Nurse Care Manager			
BHH Care Coordinator			

Medication List: ☐ None ☐ Attached
Problem List: ☐ None ☐ Attached

CURRENT AND PREVIOUS TREATMENT HISTORY (PCP, ED, Inpatient, Outpatient):

Description	Date

LABS/PHYSICAL EXAM:

Description	Date Of Most Recent
Physical Exam	
Metabolic Syndrome Screening	
HbA1c	

SUMMARY (shared goals, gaps in care, progress toward goals, medication changes/reason, adverse medication events):

Primary Care/Health Home & Behavioral Health Home Shared Member Communication Form

Attention PCP: _____. The patient listed below is currently receiving behavioral health services and has consented to share the following information with their PCP. In an effort to increase communication and provide care coordination between providers, we ask that you review the behavioral health information in section A. Please complete the medical information in section B and return this form to our office.

Member name: _____ DOB: _____ MaineCare ID#_____

Section A

1. Attached are the following (please circle):

Release of Information form Y N

Release of Information effective dates: _____

Diagnoses/Problem list Y N

Current medication list Y N

Treatment plan Y N

2. Please describe any special concerns:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Psychopharmacologist (if applicable):

_____

Behavioral Health Home Team

Health Home Coordinator:

Email: _____

Phone: _____ Fax: _____

Nurse Care Manager:

Email: _____

Phone: _____ Fax: _____

Section B

PCP: Please complete and return to the Behavioral Health Home Coordinator listed in section A via encrypted email or by fax.

---

1. Attached are the following (please circle):

Diagnoses/Problem list Y N

Current medication list Y N

Last well-care check Y N

2. Date of last appointment: _____

3. Date of last HbA1c/Fasting Blood Glucose test: _____

4. Please describe any special concerns:

_____

_____

_____

_____

_____

_____

_____

_____

_____

5. Specialist(s) (if applicable):

_____

_____

PCP office contact:

Name: _____

Phone: _____

Fax: _____

Reviewed by PCP (signature): _____ Date: _____

Tips to improve your Adolescent Well-Care (AWC) quality score

- Sports physicals are not reimbursable through MaineCare and are not applied to this quality measure. Speak to the parent or guardian and patient about doing a full well-care visit instead.
- If the adolescent comes into the office for an acute visit and has not had their well-care visit, see if it's possible to do a well-care visit at that time. If not, schedule the well-care visit at check-out.
- When medication refills or immunizations are needed, ensure the patient has had a well-care visit in the last twelve months. Flag this in your Electronic Health Records if possible.
- Coordinate with local School-Based Health Centers (SBHC), if available, to get well-care visits done so that parents or guardians don't have to take time off work.

AWC Best Practices

Flip sports physicals to AWC visits

Use text message reminders at two weeks, two days, and two hours prior to appointment.

If MaineCare's Non-Emergency Transportation broker is unable to assist, consider providing cab vouchers to patients who might otherwise have to cancel due to a lack of transportation.

Scheduling a year in advance. MaineCare will pay for well-care visits every eleven months.

Limit refills on medications until the patient has their annual well-care visit, if possible.

Request a parent or guardian sign a release at the beginning of the school year for adolescents to be see at SBHC .

Schedule 30 minute appointments. If AWC is due, it can be done at an acute visit using modifier 25, if appropriate.

Modifier 25: Well-Care and Acute Visit on Same Day

According to The American Academy of Pediatrics, Modifier **25** (significant, separately identifiable evaluation and management [E/M] service by the same physician on the same day of the procedure or other service) is the most important modifier for pediatricians in *Current Procedural Terminology (CPT®).* It creates the opportunity to capture physician work done when separate E/M services are provided at the time of another E/M visit or procedural service. MaineCare recognizes modifier 25 and its appropriate use. The use of modifier **25** has specific requirements.

1. The E/M service must be significant. The problem must warrant physician work that is medically necessary. This can be defined as a problem that requires treatment with a prescription or a problem that would require the patient or family to return for another visit to address it. A minor problem or concern would not warrant the billing of an E/M-**25** service.
2. The E/M service must be separate. The problem must be distinct from the other E/M service provided (eg, preventive medicine) or the procedure being completed. Separate documentation for the E/M-**25** problem is helpful in supporting the use of modifier **25** and especially important to support any necessary denial appeal.
3. The E/M service must be provided on the same day as the other procedure or E/M service. This may be at the same encounter or a separate encounter on the same day.
4. Modifier **25** should always be attached to the E/M code. If provided with a preventive medicine visit, it should be attached to the established office E/M code **(99211–99215).**
5. The separately billed E/M service must meet documentation requirements for the code level selected. It will sometimes be based on time spent counseling and coordinating care for chronic problems.

Source: American Academy of Pediatrics. Modifier 25 Primer: Use It, Don't Abuse It. Coding at the AAP.

Student Wellness and Games (SWAG) Night

Engaging teens for adolescent well-care visits

Background

Student Wellness and Games (SWAG) Night, a Western Oregon Center (WOC) for Pediatric Therapeutic Lifestyle Change community wellness program, is a unique collaboration between community-based organizations and Yamhill County Oregon Primary Care Homes.

The program involved extending clinic hours in six Yamhill County clinics and only performing adolescent well-care checks during those extended hours. Tamhill Coordinated Care Organization (CCO) provided funds for games, giveaways, food, and music for patients to enjoy together while they waited for appointments. The program's target population included Oregon Health Plan (Medicaid) members, but any eligible teens who were patients at participating clinics were invited to attend.

A successful model

SWAG contributes to measures including Adolescent Well-Care (AWC). According to the Patient Centered Primary Care Institute, in the two years after Yamhill County introduced SWAG Night, seven Yamhill County clinics provided approximately 750 AWC visits and 500 vaccinations at SWAG events (most frequently for HPV).[1] In 2013, annual well-care visits for Oregon Health Plan adolescents Oregon adolescents on Medicaid stood at just 24.8 percent. In 2019, they are at 60.5 percent.[2]

Get your practice started with key tips from WOC's SWAG Night team:

1. **Teen focus groups help inform planning and outreach strategies**. Young people prioritize preventative services when they are accessible and delivered in environments that suit their ages and interests.
2. **Multiple community organizations and members can get involved**. Whether it's asking for sponsors to cover the costs of door prizes and food or inviting community partners to host games and activities during the event, collaboration is a key to success.
3. **SWAG Night is customizable by design**. In Oregon, at least eight counties across four CCOs have piloted Teen SWAG Night events according to their clinic's needs.

Workflow:

Small practices: For smaller clinics, the workflow of SWAG nights didn't differ much from regular exams. Food and games were offered in the lobby, with prizes available after the exam had been completed.

Large practices: The clinic with the largest turnout planned for a large influx of patients and planned the intake procedures accordingly. Numbered stations were designated for preliminary paperwork, vitals, vaccinations, vision screenings, and the actual exam. Patients entered and were given their paperwork, which included health history and general wellness questionnaire, as well as a paper listing each of the stations. A staff member would initial the station number as the patient completed each step in the process. While vitals stations were assembly line in style, exams were not shortened unless the patient had complex issues; in which case a follow-up appointment was recommended and scheduled.

Patients and families enjoyed pizza and video games in the waiting room. There was also a raffle every 30 minutes. Once patients had completed their exams, they turned in their paperwork and received a bag of "swag" from various local businesses and partners.

SWAG Night is an appealing approach to adolescent health. When surveyed at Yamhill County SWAG Night events, 10-15% of teens said they would not have gotten an AWC without SWAG Night.[1]

[1] Sours, K (2017). Patient Centered primary Care Institute, Teen-Centered Coordinated Care in Yamhill County Oregon

[2] McCarthy, S (2019.) Yamhill Valley News Register, Coordinated Health Care Serves Entire Community

Reminder & Recall Systems

Reminder-recall systems are cost-effective methods to identify and notify families whose children are due soon for well-care visits (reminder) or are already behind (recall). Many electronic health records (EHR) can run reports of patients who are due or overdue easily – if records and family contact information is updated at every visit. Building those practices into patient flow is key.

Methods to remind or recall families include:

- Phone calls placed by office staff – they tend to be more effective than auto-dialer calls, but often cost more.
- Auto-dialers – they automatically dial phone numbers and either play a recorded message or connect the call to a live person. Such systems also can be used for appointment reminders.
- Mail reminder cards or letters ("snail mail") – your EHR may print these for you. Another approach is to have the family fill out the reminder card for the next visit when in your office.
- Text messages – you may want to get families to opt-in for text messages during a visit so your office can send text message reminders to both parents and adolescents. While parents/guardians need to consent for the visit, it is useful to include adolescents in the discussion of their own care.
- Patient Portals – many EHR systems come with a patient portal option. Practices can use this feature to send e-mails to patients or parents prompting them to check their patient portal, which will remind them of well-visits that are due.

The following is a list of some auto-dialer vendors. Please note that MaineCare cannot endorse or recommend specific products or brands. This is only meant to aid you in your selection.

Auto-dialer	**Website**
Call-em-all	https://www.call-em-all.com/
Call Fire	http://www.callfire.com
Televox	http://www.televox.com/appointment-reminders/
Voicent	http://www.voicent.com/autodialers.php

Adolescent Well-Care Visit Scheduling Reminder Examples

Phone Message Reminder Script:

Hello, this is Dr. (Provider Name)'s office calling with an important message about your child (First Name). Well child exams are an important part of a child's health care, and we noticed that (Patient First Name) is due for their annual visit. It is important that your child comes in every year for a well care visit especially as they get older, even if they haven't been sick. During the visit we will examine (Patient First Name) for overall health, growth, and development. We will also conduct screening tests for scoliosis, vision, and hearing. In addition, these visits provide you with an opportunity to discuss topics such as injury prevention, substance use, sexual behavior, diet and exercise and address any questions or concerns you have. Take action in your child's health and schedule their well care visit today by contacting our office at (Phone Number).[1]

Reminder Letter:

Dear (parent or guardian of patient)

Well child exams are an important part of a child's health care, and we noticed that (Patient First Name) is due for their annual visit. It is important that your child comes in every year for a well care visit especially as they get older, even if they haven't been sick. During the visit we will examine (Patient First Name) for overall health, growth, and development. We will also conduct screening tests for scoliosis, vision, and hearing. In addition, these visits provide you with an opportunity to discuss topics such as injury prevention, substance use, sexual behavior, diet and exercise and address any questions or concerns you have.

Take action in your child's health and schedule their well care visit today by contacting our office at (Phone Number).

Sincerely,

Dr. (Provider Name)

[1] Televox sample message scripts (https://www.televox.com/downloads/scripts/mu_message_library.pdf)

To the Parent of (patient's name)
(Mailing Address)
(City, State, Zip code)

(Date)

Our records show that your child is due for their annual physical. Routine physical exams are the best way to monitor a child's normal growth and development and make sure that your child is up-to-date with their immunizations. (Practice name) also takes pride in:

- Including assessments that schools may require to play sports which identify any life-threatening medical issues like a heart condition, any conditions that may limit participation like a recent concussion, remove unnecessary restrictions on participation in sports and maximize safe participation in athletic activities.
- Nutrition and Physical Activity
- Assessing adolescents for depression. We have behavioral health providers available at all times.
- Keeping children safe and assessing risk.
- Assessing risks associated with sexual activity for adolescents 14 and older.
- Lead screens for children up to 5 years old.

If you don't have insurance, please call and connect with (Practice name)'s care team. They can also assist in costly medications and supplies.

We have kid friendly rooms and if your child is nervous about vaccines, ask for our Buzzy Bee! We are here to answer your questions about vaccines and any concerns that you may have. Please visit (website) to virtually meet our new providers and discover all of our great services.

Your child's healthcare is important to us! Please call to make an appointment for your child today.

Sincerely,

(Practice manager)
(Practice name)

TEEN HEALTH VISITS

Dear
We look forward to seeing you on _____ at _____.

Adolescence is a time of rapid changes in your body, mind and relationships. Your health care team at _____, looks forward to helping you and your parents/caregivers navigate safely through this phase in your life.

- **Protecting your privacy is important to us**.
  Your health information is protected by law and we must protect your privacy. We plan to discuss sensitive information without your parents in the room, unless you give us consent for them to stay. We will not discuss private information you share with us with your parents or others, unless there is an immediate threat of your death.

- **Please complete all the enclosed forms prior to your visit.**
  - Even if you don't plan to play a sport right now, please fill out the sports form so we can give you a permission note at a later date if needed.
  - If you have other health forms (such as papers for summer camp or college), please review them at home, fill in the "patient/athlete/camper" section, and bring them with you.

WHAT TO EXPECT

The following is a list of the current teen-health guidelines we follow.

<u>During your visit we will ask you about:</u>

- Your home and family life
- School performance
- Tobacco use
- Depression/risk for Suicide
- Eating disorders
- Alcohol & other Drug use
- Sexual activity

Physical Assessment

During your visit we will check for:

- Weight and Height and BMI (Body Mass Index)
- Blood pressure
- Comprehensive (head to toe) physical exam
  - This includes a testicular examination in young men to determine if you have a hernia or any other issues.
  - For young women, *PAP smears and vaginal exams are no longer routinely recommended until the age of 21*, unless there are specific concerns.

Tests

The following tests will be ordered:

- **Chlamydia—**we screen (test) *all girls ages 16 and up*. This test uses a urine sample (*not a pelvic exam*). Boys 16 years and up will be tested only if having symptoms.
- STI (sexually transmitted infections)—if you are sexually active we can provide screening for the most common diseases including HIV, and provide counseling.
- Cholesterol screen—either at the age of 11 or at the 17/18 year old well teenager visit.
- Please tell us if you are considering a career in healthcare. Most college programs request you be tested for Hepatitis B immunity. We also want to encourage you in this field!

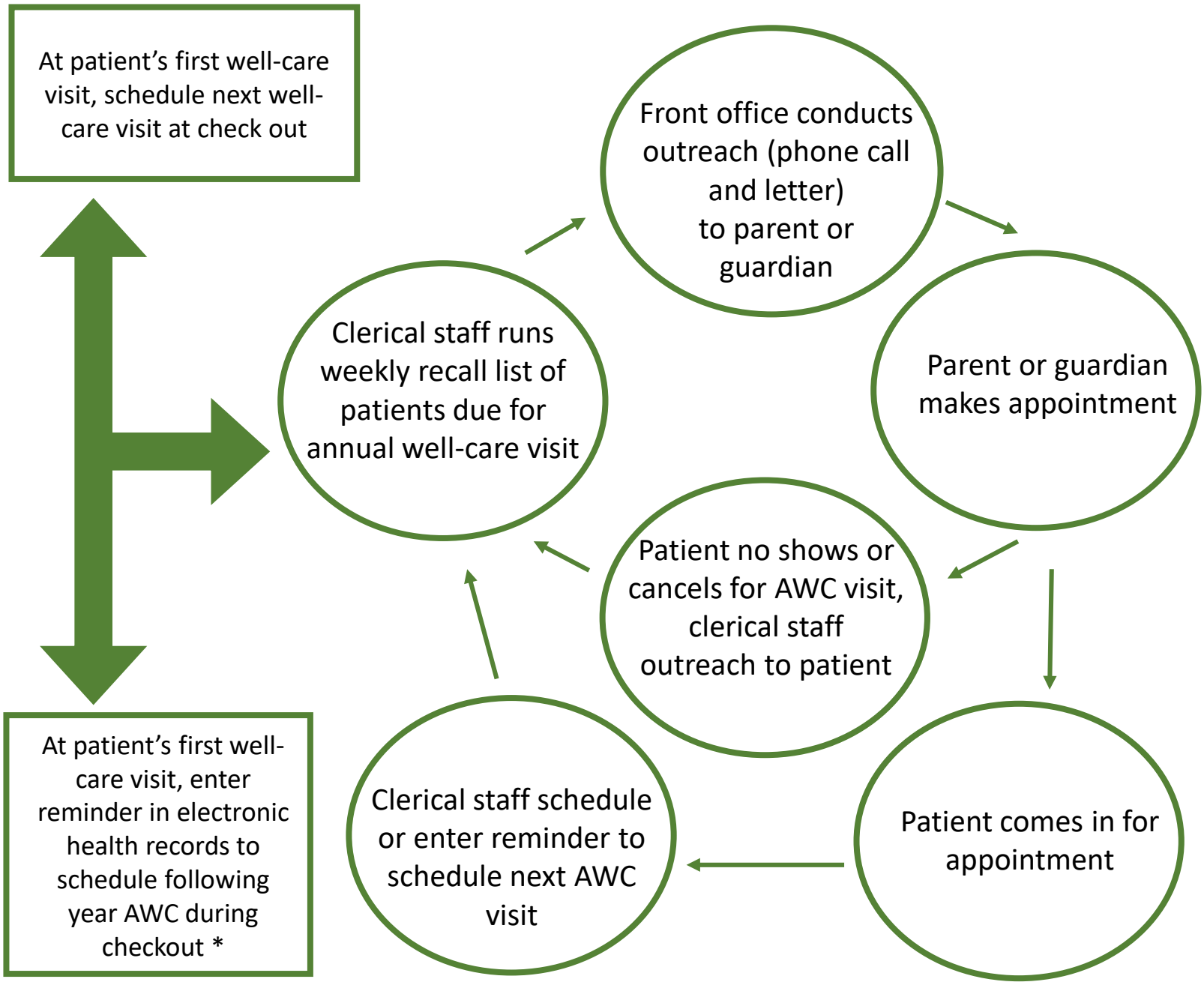
Immunizations

- We will review your immunizations and update as needed.
- Vaccines commonly needed during the teen years include tetanus, whooping cough (pertussis), meningitis, and HPV (a safe vaccine that prevents cancers in both men and women that are caused by a sexually transmitted wart virus).

Health Guidance

- We will provide guidance on common teenage concerns including
  - Diet and physical activity
  - Healthy lifestyles
  - Injury prevention
  - Managing stress
  - Preventing pregnancy and STDs

Annual Well-Care (AWC) Visit Clerical Workflow



**Establishing a timeline of well-care visit recall done 30-90 days out is common*

Created by the Maine Department of Health and Human Services, Office of MaineCare Services

Change Package for Primary Care Teams to Guide Youth Transitions to Adult Care Systems

Development of this document was supported by the Maine DHHS through funding from the US CDC Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with DSI partners and Quality Counts.

Contact: QCforkids@qualidigm.org Revised 6/4/2019

Development of this document was supported by the Maine DHHS through funding from the US CDC Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with DSI partners and Quality Counts.

Contact: QCforkids@qualidigm.org Revised 6/4/2019

Introduction to the Change Package to Guide Youth Transitions to Adult Care

Adolescence is a critical developmental period of transition from childhood to adulthood. The American Academy of Pediatrics (AAP), American Academy of Family Physicians and the American College of Physicians agree that health care providers address transition planning by engaging youth and their families in developing self-care skills for an adult model of care and support the transfer care by ensuring a smooth handoff to adult health care providers. This transition is challenging for many young adults and even more-so for youth with special needs.

Since 2018, Quality Counts has been working on how to improve adolescent transitions with the Maine AAP as part of the Developmental Systems Integration Project funded by the Maine CDC Maternal and Child Health Block Grant. A group of medical and community stakeholders worked with family organizations to develop sample office policies around adolescent transitions, electronic medical record templates, and resource lists for families.

This change package includes tools and resources for Primary Care Practices to adapt their policies and workflows to better support the youth and families they serve. We aim to improve the content of this document and encourage suggestions for additions or edits based on use of the materials, please contact QCforKids@qualidigm.org.

Change Package Resources (Click on the text below to be directed to the resource):

- Key Driver Diagram and Measures for Success
- Sample Clinic Policy on Adolescent Transition to Adult Care
- Transition Information for Staff and Providers & Office Checklist
- Adolescent Transition Patient Visit Checklists
- Sample Adolescent Confidentiality Clinic Policy
- Sample Workflows to Implement Adolescent Transition Checklist
- Transitioning to Adulthood Timeline for Teens and their Families
- Resources for Families and Youth in Maine with Special Healthcare Needs
- Supported Decision-Making Information Resource

Other Resources to Support Adolescent Health Transitions:

- AAP EQIPP - Online Improvement Modules: Bright Futures
- Maine Parent Federation Services Map
- Got Transition Resources for Healthcare Providers
- AYAH National Resource Center Change Package to Improve Preventative Visits
- MaineCare Primary Care Health Homes List
- MaineCare Behavioral Health Homes List

Development of this document was supported by the Maine DHHS through funding from the US CDC Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with DSI partners and Quality Counts.

Project Overview

Primary Care: Improved Transitions for Adolescents to Adult Care

Global Aim To improve transition to adult care for children and youth with special healthcare needs

Primary Drivers

1. Leaders as Champions for Change
2. Informed and Engaged Parents, Caregivers and Youth, especially those with Special Healthcare Needs
3. Empowered and Informed Pediatric Primary Care Teams
4. Access to Adult Service Providers

Specific Aims

Improved transitions to adult care will result in increased:

- Proportion of adolescents receiving preventative screenings and referrals to needed services
- Health education for parents/caregivers and youth
- Referrals to adult providers starting at 17 years (or as appropriate)

Measurement for Success

- Well-care visit in the past year
- Well-care visits with confidentiality review
- Private visit in the past year
- Youth who receive needed transition services
- Documented transition plans
- Youth who have transferred to Adult Care

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.
Contact: qcforkids@qualidigm.org
Revised 10/21/2019

Key Driver Diagram: Improved Transitions for Adolescents to Adult Care

Global Aim

To improve transition to adult care for youth with special healthcare needs

Primary Drivers

Secondary Drivers/Changes

Resources

**Included in this Change Package*

Leaders as Champions for Change

- Identify a provider and support care team member to champion implementation of transition of care process
- Identify a practice team to meet at least once a month to discuss and propose process improvements
- Agree upon processes (including documentation) and communicate goals with the entire practice
- Dedicate resources to educating staff and improving systems

- AAP EQIPP - Online Improvement Modules: Bright Futures
- Institute for Healthcare Improvement (IHI) Model for Improvement

Informed and Engaged Parents/Caregivers and Youth with Special Healthcare Needs

- Provide youth and parents/caregivers information on process and policies for transitioning youth to adult care
- Provide access to resources to support the youth's diagnosis and/or stage of development
- Engage youth and parents/caregivers in dialog to nurture trust and share evidence on best practices
- Engage youth and parents/caregivers in developing a transition of care plan

- Transitioning to Adulthood Timeline for Teens & Families*
- Resources for Families and Youth with Special Healthcare Needs*
- Maine Parent Federation Services Map

Empowered and Informed Pediatric Primary Care Teams

- Implement a checklist for transitions to adult care, ideally into the EHR
- Develop "ideal workflow", embedding processes related to transition to adult care into the well child visit
- Identify measurement for success
- Involve parent/caregivers into improvement efforts

- Adolescent Transition to Adult Care Sample Clinic Policy*
- Adolescent Confidentiality Policy*
- Office Checklist to Support Adolescent Transitions of Care*
- Adolescent Transition Patient Visit Checklist*
- Sample Workflow to Implement Adolescent Transition Checklist*
- Got Transition Resources for Healthcare Providers
- AYAH National Resource Center Change Package to Improve Preventative Visits

Access to Adult Service Providers

- Identify gaps in care for youth in the practice
- Identify and engage community partner referrals to optimize care for transition youth with special healthcare needs (e.g. Maine Parent Federation, Case Management Agencies, FQHCs…etc)
- Develop reliable systems (including follow up) for referrals to adult care

- MaineCare Primary Care Health Homes List
- MaineCare Behavioral Health Homes List

Funding: Development of this document was supported by the Maine DHHS through funding from the US CDC Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with DSI partners and Quality Counts. Contact: QCforkids@mainequalitycounts.org Revised 5/31/2019

QC for Kids Quality Counts

Suggested Measures for Success - Defined

Measure Description	*Numerator*	*Denominator*	*Source*	*Comments*
% of youth w/ at least one comprehensive well-care visit in the past year	# of patients (age 12-21) w/ at least one well-care visit in the past year	# of patients ages 12-21 who are "active" in the past year	National Committee for Quality Assurance (NCQA) in their Healthcare Effectiveness Data and Information Set (HEDIS 2018 Vol2 pg.327)	MaineCare Health Homes are required to track this measure
% of youth well-care visit where Confidentiality Policy is reviewed	# of patients, age 11 - 21, seen for a well-care visit for whom the practice's confidentiality policy was reviewed during the defined measurement period	# of patients, ages 11 – 21, seen for a well-care visit during the defined measurement period	National Improvement Partnership Network (NIPN)	
% of youth who have a private visit with the primary care provider	# of patients, ages 11 - 21 seen for a well-care visit who had private time during the defined measurement period	# of patients, ages 11 - 21 seen for a well-care visit during the defined measurement period	American Academy of Pediatrics, Bright Futures Preventative Services Quality Improvement Measures	

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.
Contact: qcforkids@qualidigm.org
Revised 10/21/2019

Suggested Measures for Success – Defined, cont.

Measure Description	*Numerator*	*Denominator*	*Source*	*Comments*
% of youth, age 12-17, **with** special health care needs whose families report receiving services needed for transition to adult health care services	# of patients, ages 12-17, with special health care needs whose families report receive services needed for transition to adult health care services	# of patients with special healthcare needs, ages 12-17	Maternal and Child Health Bureau, Health Resources & Services Administration	Maternal & Child Health Block Grant Program: 16.5% national performance in 2016 (from National Survey of Children's Health)
% of youth, age 12-17, **without** special health care needs whose families report receiving services needed for transition to adult health care services	# of patients, ages 12-17, without special health care needs whose families report receive services needed for transition to adult health care services	# of patients, ages 12-17, without special healthcare needs	Maternal and Child Health Bureau, Health Resources & Services Administration	Maternal & Child Health Block Grant Program: 14.2% national performance in 2016 (from National Survey of Children's Health)
% of youth with a documented Transition Plan	# of patients, ages 12 – 26, who have a documented transition plan	# of patients, ages 12 – 26	DSI Suggested Measure	No current national measure found
% of youth who have transferred to adult care	# of patients who have transferred to adult care	# of patients ages 17 - 26	DSI Suggested Measure	No current national measure found

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.
Contact: qcforkids@qualidigm.org

Adolescent Transition to Adult Care

(Sample clinic policy)

We are committed to helping our teenage and young adult patients make a smooth transition from pediatric to adult health care.

As our patients enter their teenage years, we will give them more responsibility for their health maintenance and encourage them to advocate for themselves. We teach them how to care for their bodies and talk to their providers about their questions and concerns. This is a gradual process that starts early and evolves as one grows into early adulthood.

- We begin at ages 12 to 14 to prepare for the change from a "pediatric" model of care—where parents make most decisions—to an "adult" model of care—where youth take full responsibility for decision-making.

- In the teen years, we gradually encourage the youth to become actively involved with their own healthcare. For example, teen patients will be encouraged to:
  - Check themselves in and out from their appointments
  - Learn about their diagnosis and medications
  - Learn who their providers are and how to reach a provider if issues come up
  - For older teens, participate with refilling and accurately taking medications with some degree of supervision

- There will be time during many visits with the teen when the parent will be asked to leave the room to allow the provider to talk with the patient alone. This assists the youth in becoming more independent in their health care and sometimes allows the youth to be more open about their health. Confidentiality is provided in this setting according to our Adolescent Confidentiality Policy. Regardless of what the teen shares with us, we always advocate for teens and young adults to include their parents in their health when possible and especially when important decisions are being made which impact their wellbeing.

- As the teen gets older, parents may choose to sign a form that allows a minor to come to the office and be seen independently for their entire visit. As above, we still advocate for the patient to include their parents in their health when possible. [THIS MAY OR MAY NOT BE PERMITTED BASED ON YOUR INSTITUTION]

- At age 18, youth legally become adults. At that time, the patient's consent will be required to discuss any personal health information with family members. A young adult may choose to sign a form that allows us to have ongoing communication with a parent.

- If the youth has a significant health condition that does not allow them to advocate for their own health and financial needs, the parent may want to consider legal options to become responsible for their youth's decision-making. This should be done before age 18.

- For young adults at college, we will be happy to work with the school's health center to effectively manage their health and wellness.

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.
Contact: qcforkids@qualidigm.org
Rev. 10/21/2019

- We will work in partnership with youth and families regarding the age for transferring to an adult provider. This may vary based on the individual patient and the doctor involved with their care, typically between age 22-25yrs old. Our adolescent and young adult providers will see patients up until age 25. We are experienced with providing young adults all of the care they need that would be found in an adult office, including well exams, birth control, gynecologic care, substance abuse, eating disorders, mental health, and more.

[THE AREAS MARKED IN RED SHOULD BE ADJUSTED TO MATCH THE SPECIFIC CLINIC SITE.]

- When it is time for transferring to an adult provider, we help our patient's through every step of the process. We will help:
  - Find an adult provider that meets the patient's needs and accepts the patient's insurance
  - Send medical records to the adult provider
  - Communicate with the adult provider about the unique needs of the patient.

- As always, if you have any questions or concerns, please feel free to contact us.

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.

Transition Information for Staff and Providers

Transition is a gradual process that extends from about age 12 years until when the patient transfers to another clinic.

Considerations for Adolescent Transitions:

- **If your office is going to see older teens and young adults, it is important that you be able to screen for and provide the services that the age group needs.**
- **Different providers have different comfort levels with and skill sets for older teens and young adults. This may impact the ages for which a provider transfers his/her patient to adult care. Local adult primary care availability may also limit transfer of patients at times.**
- **The Maine Parent Federation is a good resource to include when patients have cognitive or medical challenges. They are particularly helpful with designing transition plans for complex patients or addressing Supported Decision-Making or Guardianship plans.**

Office Checklist to Support Adolescent Transitions of Care

Transition Policy

- ❑ Developed an office transition policy with input from youth and families. Include privacy and consent information.
- ❑ Educated staff about practice's approach to transition and roles of the youth, family, and healthcare team.

Access to Care

- ❑ Developed permission form for minor patient to seek care without parent (check with your institution to see if this is permitted locally)
- ❑ Developed permission form for parent to seek information on their 18+ child.
- ❑ Front desk encourages patient to do check-in/out with parent back up (early/mid adolescence).
- ❑ Rooming person takes history from patient with parent back up (early adolescence).
- ❑ Consider calling some lab results to the teen, and then to parent.
- ❑ Educate staff and providers on laws about consent and ability to treat minors.
- ❑ Developed relationship between adult providers and pediatric providers
- ❑ Educate office about partial vs full guardianship options.

Quality Care

- ❑ Adult providers who meet the needs of the young adult patient must be able to address:
  - Well care
  - Mental health
  - Contraception servicers
  - STI screening
  - Substance use knowledge
  - Sports medicine skills
  - Immunizations.
  - Protects confidentiality as requested

  These providers may be in pediatrics, family practice, med-peds, or internal medicine.
- ❑ Integrated patient transition check list into EMR for tracking progress over time.

Resource Partners

- ❑ Maine Parent Federation
- ❑ Case management

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.

Patient Adolescent Transition Checklist

The following checklist was developed to support healthcare teams in adolescent transitions to adult care over several years, as relevant to the patient. Every teen grows up at a different rate and these supportive tools are meant to be guidelines, rather than a strict template. Every patient is unique, and appropriateness of the topic should be assessed before engaging in discussion.

- Consider storing the checklist within the problem list.
- Aim to talk about 1-3 topics at each visit.
- Status comments can be written anywhere on this living document. Ex. You could write the date the topic was discussed or add a comment line with where the patient stands.
- Not all topics have to be discussed, and some topics may be discussed more than once during the age group.

Approximate Ages	12-14	14-17	17+	Any age
Knowledge of Care				
Understands diagnosis & disease process*	☐ Discussed	☐ Discussed	☐ Discussed	☐ Mastered
Understands treatments, meds, and allergies	☐ Discussed	☐ Discussed	☐ Discussed	☐ Mastered
Understands pts family medical history	☐ Discussed	☐ Discussed	☐ Discussed	☐ Mastered
Jointly developed annual goals for self-care w/ pt.	☐ Discussed	☐ Discussed	☐ Discussed	
Access to Care				
Understands providers/specialists involved w/ care.		☐ Discussed	☐ Discussed	☐ Mastered
Understands how to schedule/reschedule apts.		☐ Discussed	☐ Discussed	☐ Mastered
Understands medications and refill process		☐ Discussed	☐ Discussed	☐ Mastered
Understands when and who to call w/ health concerns (including mental health)	☐ Discussed	☐ Discussed	☐ Discussed	☐ Mastered
Before 18 - Consent to see pt independent of parent	☐ Discussed	☐ Discussed	☐ Discussed	☐ Obtained
After 18 - Consent to communicate with parent			☐ Discussed	☐ Obtained
Health Planning (Consider spending 1:1 time w/ pt.)				
Assessed guardianship, or Supported Decision-Making (partial guardianship), as appropriate		☐ Discussed	☐ Discussed	☐ Plan in Place
Understands risks of substance use	☐ Discussed	☐ Discussed	☐ Discussed	☐ Mastered

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.

Contact: qcforkids@qualidigm.org

Rev. 10/21/2019

Understands reproductive and sexual health.	□ Discussed	□ Discussed	□ Discussed	□ Mastered
Understands healthy media and screen use.	□ Discussed	□ Discussed	□ Discussed	□ Mastered
Understands importance of good oral health	□ Discussed	□ Discussed	□ Discussed	□ Mastered
Discussed safe relationships, gender, and orientation	□ Discussed	□ Discussed	□ Discussed	□ Mastered
Understands career and/or education goals and plan		□ Discussed	□ Discussed	□ Plan in Place
Transition Process				
Understands insurance process			□ Discussed	□ Mastered
Understands adult approaches to care (privacy, legal changes, self-advocacy)			□ Discussed	□ Mastered
Understands adult healthcare team and optimal transition timing		□ Discussed	□ Discussed	□ Identified adult provider □ Made appointment
Charting is set to assist transition (Maine Parent Federation may help with writing summary transition plan)			□ Discussed	□ Problem list updated □ Transition summary letter created
Follow up visit w/ pediatric provider (for complex pt)			□ Discussed	□ Obtained

*Communication is likely with patient, may be with guardian when appropriate.

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.

Easy to manipulate and copy this form into EHR Systems.
If using Epic, you can find this checklist by visiting the Smartphrase Manager and searching for Fanburg, Jonathan. The list is titled "JFTransitionChecklist"

Patient Adolescent Transition Checklist

The following checklist was developed to support healthcare teams in adolescent transitions to adult care over several years, as relevant to the patient. Every teen grows up at a different rate and these supportive tools are meant to be guidelines, rather than a strict template. Every patient is unique, and appropriateness of the topic should be assessed before engaging in discussion.

- Consider storing the checklist within the problem list.
- Aim to talk about 1-3 topics at each visit.
- Status comments can be written anywhere on this living document. Ex. You could write the date the topic was discussed or add a comment line with where the patient stands.
- Not all topics have to be discussed, and some topics may be discussed more than once during the age group.

Approximate Ages	12-14	14-17	17+	Any age
Knowledge of Care				
Understands diagnosis & disease process	☐ Discussed	☐ Discussed	☐ Discussed	☐ Mastered
May not be appropriate with all pts	☐ Discussed	☐ Discussed	☐ Discussed	☐ Mastered
Understands treatments, meds, and allergies	☐ Discussed	☐ Discussed	☐ Discussed	☐ Mastered
Understands pts family medical history	☐ Discussed	☐ Discussed	☐ Discussed	☐ Mastered
Jointly developed annual self-care goals w/ patient	☐ Discussed	☐ Discussed	☐ Discussed	
Access to Care				
Understands providers/specialists involved in care		☐ Discussed	☐ Discussed	☐ Mastered
Understands how to schedule/reschedule appts		☐ Discussed	☐ Discussed	☐ Mastered
Understands medications and refill process		☐ Discussed	☐ Discussed	☐ Mastered
Understands when/who to call w/ health concerns				
(including mental health)	☐ Discussed	☐ Discussed	☐ Discussed	☐ Mastered
Before 18 – Consent to see pt independent of parent	☐ Discussed	☐ Discussed	☐ Discussed	☐ Obtained
After 18 – Consent to communicate with parent			☐ Discussed	☐ Obtained
Health Planning (Consider spending 1:1 time with patient)				
Assessed guardianship/supported decision-making (partial guardianship)				
	☐ Discussed	☐ Discussed	☐ Plan in Place	
Understands risks of substance use	☐ Discussed	☐ Discussed	☐ Discussed	☐ Mastered
Understands reproductive and sexual health	☐ Discussed	☐ Discussed	☐ Discussed	☐ Mastered
Understands healthy media/screen use	☐ Discussed	☐ Discussed	☐ Discussed	☐ Mastered

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.
Contact: qcforkids@qualidigm.org
Rev. 10/21/2019

Understands importance of good oral health	☐ Discussed	☐ Discussed	☐ Discussed	☐ Mastered
Discussed safe relationships, gender, and orientation	☐ Discussed	☐ Discussed	☐ Discussed	☐ Mastered
Understands career and/or education goals and plan Place		☐ Discussed	☐ Discussed	☐ Plan in
Transition Process				
Understands insurance process			☐ Discussed	☐ Mastered
Understands adult approaches to care:				
Including privacy, legal, self-advocacy			☐ Discussed	☐ Mastered
Understands adult healthcare team and optimal transition timing		☐ Discussed	☐ Discussed	☐ Identified
Adult provider		☐ Made Apt		
Charting set to assist transition				
(Maine Parent Federation may help with writing summary transition plan)				
☐ Discussed	☐ Problem list updated		☐ Transition summary created	
Follow up visit with pediatric provider (for complex pt)			☐ Discussed	☐ Obtained

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.
Contact: qcforkids@qualidigm.org

Adolescent Confidentiality Clinic Policy

(Sample)

Adolescence is a time of change when teens start to gain independence. In order to keep teens healthy, we focus on physical growth and development, social and academic success, emotional well-being, risk reduction, and violence and injury prevention. As such, we routinely ask parents to allow a brief one-on-one visit between their teen and medical provider to better serve their needs.

- **Independent Visits:** Having time alone with their physicians fosters an environment in which adolescents become comfortable speaking with healthcare providers and provides an opportunity for them to express medical concerns confidentially.

- **Confidentiality:** When teens share information with us that they ask to remain confidential, we will honor that request unless they plan to hurt themselves or someone else, or someone else is going to hurt them. We encourage patients to be open and honest with their parents, but we also want to offer a safe place for our teens to talk about their health questions and concerns. Some topics that may be addressed are dating, drugs, alcohol, mood, stress, and safety. Our goal is to give the best guidance and care in these situations.

- **Telephone Calls:** We maintain the patient's confidentiality in all types of communication, including office visits, phone calls, and online portals. This includes discussions about some lab/imaging evaluations and results.

- **Parents:** Parents are welcome to speak privately with the patient's healthcare provider about any concerns they may have about their child. We will, however, not share information that the patient has asked us to keep private.

This policy is consistent with Maine State Law surrounding adolescent confidentiality and with the policies of the Society for Adolescent Medicine and the American Academy of Pediatrics.

We consider it a privilege to take care of our teens and look forward to working together as our teens grow up!

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.
Contact: gcforkids@qualidigm.org
Rev. 10/21/19

Adolescent Confidentiality Information for Staff and Providers

1. Where possible, involving parents/legal guardians with all healthcare issues of a minor is preferred. However, there are times when doing so prevents a minor from seeking or getting healthcare. We want to create an effective and trusted partnership with minors and their parents/guardians.

2. Based on Maine Law, minors can seek care confidentially, without parent knowledge or consent for 5 things:
    a. contraception (all forms including emergency and implantable contraception)
    b. family planning services (pregnancy testing, possibly pregnancy)
    c. sexually transmitted infections
    d. emotional health (depression/anxiety/etc)
    e. substance abuse.

    All other healthcare services require permission from their parent/legal guardian.

3. Rarely, minors are emancipated from their parents (typically when living separately from their parents without parental support for >60 days or if emancipated by the court). In this setting, they may seek care confidentially and without parent consent or knowledge for all types of healthcare services.

4. Where a minor has ability to consent for care, they have an ability to receive care.

5. A provider has a right to break confidentiality and disclose confidential information if the minor is at serious risk of harming themselves or someone else. This may change in the course of the treatment relationship.

6. In the State of Maine, there are no specific ages associated with the confidentiality laws. However, most experts believe that privacy EMR tools need to be in place starting at about age 12yrs old.

7. Confidentiality extends to all types of communication, including verbal, written, telephone, emails, texts, and EMR communication (like MyChart or appointment reminder calls). Careful attention should be noted with lab results, after visit summaries, medications (and refills), appointment reminders, and release and scanning of medical records.

8. Explanation of Benefits (EOB's) and billing needs to be addressed with confidential services, as some insurance companies may disclose visit diagnosis or lab tests if the insurance is billed for these services.

9. Alone time with adolescents is encouraged to start at about age 12yrs old, but this may vary based on the cognitive development of the adolescent. As well, younger adolescents are more likely to have briefer periods of alone time then older adolescents.

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.
Contact: gcforkids@qualidigm.org Rev. 10/21/19

During the independent visit, the provider should assess the adolescent patient in a non-judgmental manner for strengths as well as risks associated with HEADS

- (H) home
- (E) education
- (A) activities
- (D) diet, drugs
- (S) sex, suicide, safety

10. Explaining at the beginning of the visit about the structure of the office visit along with why you are talking alone with the minor is an effective means for helping parents and minors understand their roles in an office visit. Offices vary as to if the rooming person vs physician does this.

11. Confidentiality as it relates to HPV vaccine is not clearly defined by Maine law. However, some health systems have interpreted the law to include administering HPV vaccine as a confidential service.

12. Confidentiality as it relates to abortion is not included within this document. However, there are specific Maine laws that allow for confidentiality for abortion provided that certain conditions exist.

13. Specific to EPIC at MaineHealth – New adolescent confidentiality tools are available in EPIC that allow for the following:

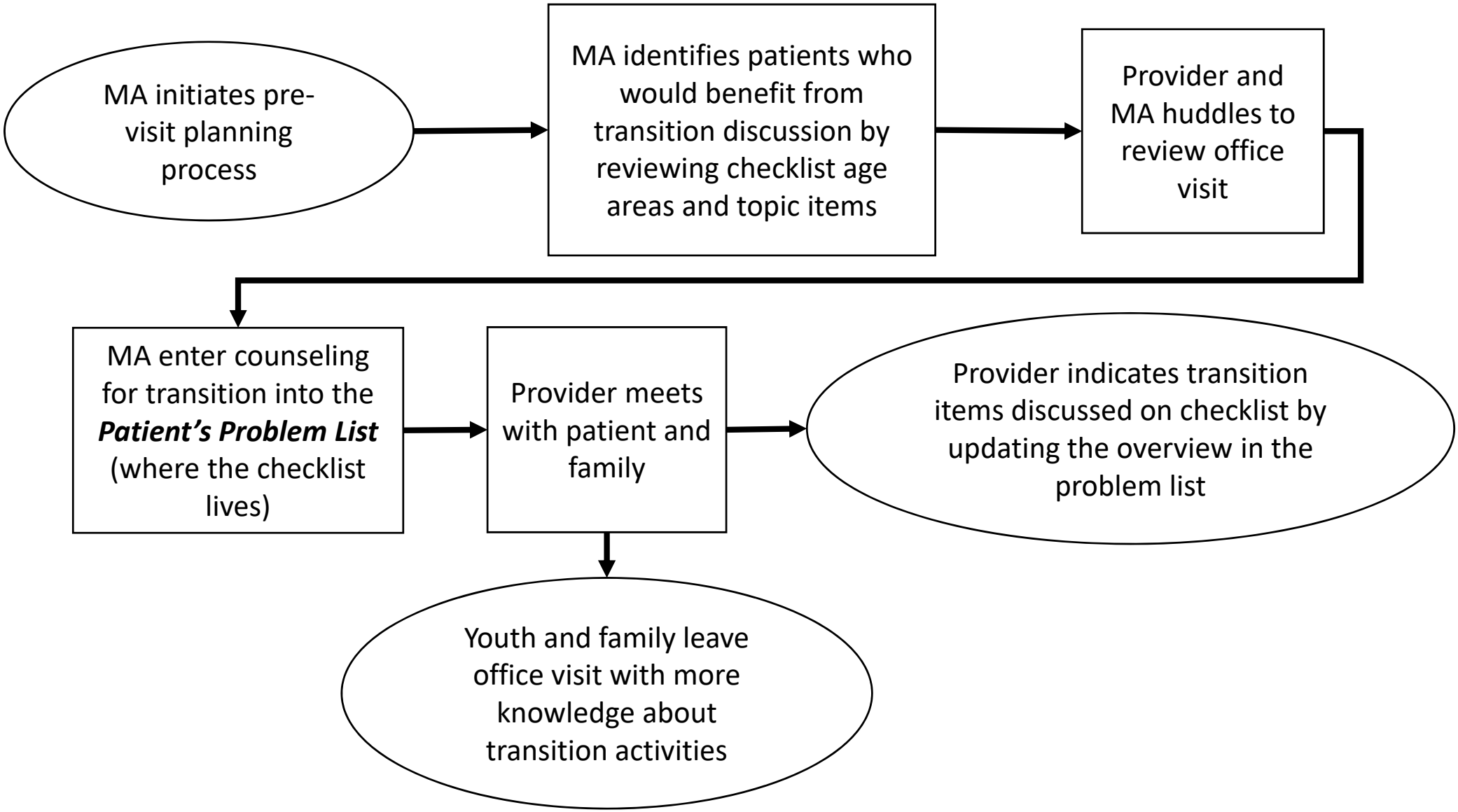
    a. Adolescent Order Set –
        i. Allows for confidentially ordering select labs, medications, and procedures.
        ii. Flags medical record and front desk staff related to release of medical records.
        iii. Highlights select lab results that they are confidential and what to do with the results (like call pts cell phone).
        iv. Notifies the pharmacist that select medications are confidential.
        v. Prints an After Visit Summary that removes select labs, medications, or diagnosis.
        vi. Blocks select diagnosis from being seen in MyChart and highlights confidential next to the diagnosis in the problem list.
        vii. Flags billing to redirect bills to a different guarantor if confidentiality cannot be protected in the billing process.

    b. Adolescent Confidential Box –
        Creates a boxed in area within the note for which anything written in the box is blocked from being released in the medical record, but visible with caution labeling for other physicians.

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.
Contact: gcforkids@qualidigm.org Rev. 10/21/19

Pre-Visit Planning Process Workflow to Implement Youth Transition Checklist

This workflow can be used to support implementation of the Adolescent Transition Checklist into a practice's processes. Pre-visit planning and consistent communication strategies are key to the success of the implementation.

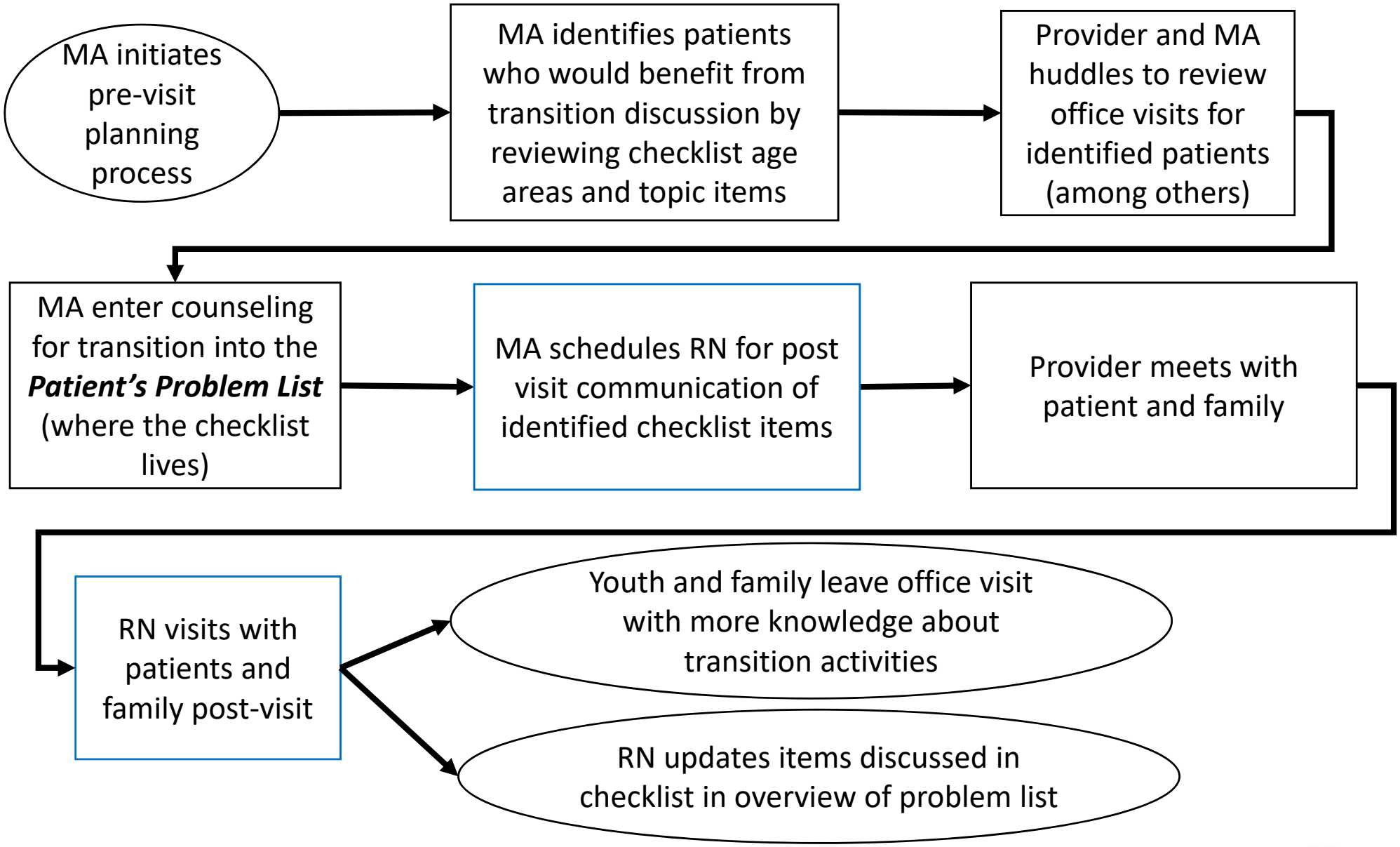


Funding: Development of this document was supported by the Maine DHHS through funding from the US CDC Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with DSI partners and Quality Counts.
Contact: QCforkids@mainequalitycounts.org
Revised 5/15/2019

QC for Kids Maine Quality Counts

Team-Based Workflow to Implement Youth Transition Checklist

This workflow can be used to support implementation of the Adolescent Transition Checklist into a practice's processes. This workflow in particular engages the MA and the RN, in addition to the medical provider, as pivotal roles in the process. Pre-visit planning and consistent communication strategies are key to the success of the implementation.



Funding: Development of this document was supported by the Maine DHHS through funding from the US CDC Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with DSI partners and Quality Counts.
Contact: QCforkids@mainequalitycounts.org
Revised 5/15/2019

QC for Kids Maine Quality Counts

Transitioning to Adulthood

Timeline & Checklist for Teens and Their Families

This handout is to help teens, parents, and guardians as you start making the transition from child to adult care systems. Everybody is unique and these transitions can happen at different ages and stages. Some items listed on this handout may or may not be relevant to you.

Early Transition Skills
Typcially ages 13-14 years

During this time, you are starting to take responsibility for your own needs. Some of the examples may be relevant to you at earlier or later ages.

Examples for you include:

- Schedule appointments for yourself.
- Meet with your doctor alone, for at least part of your appointment.
- Be a part of the IEP (Individualized Education Program) team.
  - Remember that transition services are part of the IEP!
- Learn about supported decision-making.
  - Look at 'Disability Rights Maine Supported Decision-Making' handbook: https://drme.org/assets/brochures/DRM-SDM-Handbook-Rev.-01.09.19.pdf

Examples for parents include:

- Connecting with support organizations, like the Maine Parent Federation.

Questions to ask yourself:

- ☐ Do I speak for myself at appointments?
- ☐ Do I talk with my family and doctor to help make health care decisions for myself?
- ☐ Do I talk with my doctor during appointments without my family or parents in the room?
- ☐ Do I know how to explain my health conditions or disabilities to other people?
- ☐ Do I know how my health conditions or disabilities affect my daily life?
- ☐ Do I wear or carry a medical alert (for allergies or other health conditions)?
- ☐ Do I know how to follow a healthy lifestyle with foods, exercise, dental hygiene, etc.?
- ☐ Do I know how using tobacco, alcohol, drugs, or medicines that aren't prescribed for me can affect me?
  - Make symptoms worse, interact with your medicines, etc.
- ☐ Do I know what the signs are for saddness or depression?
- ☐ Do I know where to find help for mental health and substance use services, if I ever need them?
- ☐ Do I understand what healthy and proper relationships with the people around me are?

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.

Contact: qcforkids@qualidigm.org Rev. 10/21/19

- ☐ Do I have adults in my life that I feel comfortable talking to?
- ☐ Am I connected with a support organization?

Middle Transition Skills

Typically ages 15-17 years

During this time, you have started to take responsibility for your own care needs and are ready to take on a bit more responsibility. Some of the examples may be relevant to you at earlier or later ages.

Examples include:

- Think about how and when you will transition from pediatric to adult health care.
- Get work experience by volunteering, job shadowing, part-time employment, or vocational rehabilitation and apply to the Division of Vocational Rehabilitation, if needed.
- If you decide that you want to get a driver's license, think about driver's education and the types of adjustments you might need.
- Apply to the Office of Aging and Disabilities Services for adult services, if needed.
  - Learn about services that are available to you as a young adult, including adult long-term care.
- Look for resources and tools that may help you plan your life after school.
  - Lokk at 'High School and Beyond Guide' from the Office of Child and Family Services: https://www.maine.gov/dhhs/ocfs/cbhs/documents/5-2-18Youth%20Transition.pdf
- Think about how you will make big decisions when you turn 18.
  - When you turn 18 you will have the right to make all your own decisions. You can decide you want someone to help you make decisions, such as a power of attorney for health care, power of financial attorney, or medical directives.

Questions to ask yourself:

- ☐ Do I know how to schedule my own appointments?
- ☐ Do I usually call my doctor's office if I have a question or problem?
- ☐ Do I know the names of my medicines, how to take them, and why I take them?
- ☐ Do I know what might happen if I decide to skip my medicines or treatments?
- ☐ Do I know what to do if I have any side effects from medicines or treatments?
- ☐ Do I know how to get my medical records?
- ☐ Do I know my rights to keeping my health information private and secure?
- ☐ Do I know how to use my health insurance benefits?
- ☐ Do I know what my sexual identity and interests are?
- ☐ Have I talked about healthy & consensual relationships?
- ☐ Do I know who to talk to about birth control and safe sex?
- ☐ Do I know what I want to do after high school?

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.

Contact: qcforkids@qualidigm.org Rev. 10/21/19

- Get a job, more education, volunteering, recreational options, etc.

- ☐ Do I know how my condition might affect my options and choices for jobs?
- ☐ Do I know where to find resources that can help me find a job, transportation, assistive technology, etc.?

Late Transition Skills

Typically age 18 years or older

During this time, you are actively involved in caring of yourself. You are ready to take on most of the responsibility for your own needs. Some of the examples may be relevant to you at earlier or later ages.

Examples include:

- Arrange supported decision-making team and decide if you would like to pick a power of health care attorney, power of financial attorney, and/or a guardian.
- Take responsibility for managing your health insurance.
  - You can stay on your parent's health insurance plan until you turn 26.
- Make plans for where you will work and live.
- Register to vote.
- Register for Selective Service, if eligible.
- Complete the tranisition to adult healthcare providers
- Apply for SSI, Medicaid, and an adult long term care program, if eligible.

Questions to ask yourself:

- ☐ Do I have an updated portable medical summary?
  - This should include a list of your medical conditions, medicines, immunizations, and care plan.
- ☐ Do I have an adult healthcare provider?
- ☐ Do I have a doctor's office that I can go to while I'm away at college or post-secondary school?
- ☐ Do I know how to take my medicines the right way?
- ☐ Do I know when and how to fill my prescriptions?
- ☐ Do I know how to use and take care of my medical equipment and supplies?
- ☐ Do I know when I should go to urgent care or the emergency room?
- ☐ Do I know who to call if I have questions about my health insurance?
- ☐ Do I know about my options for supported decision-making, guardianship, or power of attorney for health care?
- ☐ Do I know when I should call 9-1-1?
- ☐ Do I know what government benefits I might be eligible for?
  - SSI, SSDI, Health Benefits for Workers with Disabilities, Home & Community Based Services, etc.
- ☐ Do I know what my options are for housing as an adult?
  - Living on my own, in a group home, etc.

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.

Contact: qcforkids@qualidigm.org Rev. 10/21/19

- ☐ Do I know how to manage my money and make sure I have enough to pay my bills?

You can find more information at this website: http://illinoisaap.org/wp-content/uploads/TEEN-CHECKLIST.pdf

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.

Contact: qcforkids@qualidigm.org

Rev. 10/21/19

Resources for Families and Youth in Maine with Special Healthcare Needs

These organizations & resources are available to help young adults and their families navigate the transition from child to adult services.	
AccessMaine	AccessMaine helps people with disabilities and their families find local & statewide resources that can support their development and independence. They offer: • Information about adaptive resources for living in the community • A list of resources to help find equipment & tools for people with disabilities • A detailed explanation of services offered through the State of Maine Website: http://www.accessmaine.org/living_parentres_ME.htm
AUTISM SOCIETY™ Improving the Lives of All Affected by Autism Maine	The Autism Society of Maine supports people with Autism Spectrum Disorder, their families, members of the community, and the professionals who work with them. They offer: • Workshops and 1-on-1 support for parents and individuals • Help with Individualized Education Plans (IEP) • Referrals services, including to primary care providers Website: https://www.asmonline.org/
G.E.A.R. PARENT NETWORK the place where Gaining Empowerment Allows Results A program of Crisis & Counseling Centers	G.E.A.R. Parent Network offers support for parents and caregivers of children with behavioral health needs. They offer: • 1-on-1 support for parents • Education about positive parenting skills • Family-centered trainings • Social events to reduce isolation and increase resiliency Website: https://crisisandcounseling.org/services/gear/
Maine Parent Federation Since 1984 . . . because every family matters	Maine Parent Federation offers support to parents of children with disabilities or special health care needs. Services are offered for free to parents and caregivers and are available statewide. They offer: • Referrals to resources • Telephone support • 1-on-1 peer support

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.
Contact: qcforkids@qualidigm.org
Rev. 10/21/19

	• Trainings for parents and caregivers Website: http://mpf.org/index.html
These resources & services are offered through the State of Maine to help support you and your child with special healthcare needs as they transition to adult services.	
High School and Beyond: A Guide to Transition Services in Maine	This is a guide to help children and their families with special healthcare needs. It has information about resources and suggestions for successful transitions from high school to adulthood. Website: https://www.maine.gov/dhhs/ocfs/cbhs/transition-adulthood.shtml
Katie Beckett Program	This program provides MaineCare benefits for children 18 years or younger with serious health conditions. Your child may be eligible for benefits, based on financial or medical reasons. Families that exceed the financial limit may still qualify. Website: http://www.maine.gov/dhhs/ocfs/cbhs/eligibility/katiebeckett.html
Maine Department of Vocational Rehabilitation	This program offers a 'Transition Career Exploration Workshop' for students with disabilities. This workshop is for students in 9th – 12th grade who are eligible, or may be eligible, for vocational rehabilitation services. Website: http://www.maine.gov/rehab/dvr/youth_transition.shtml

These MaineCare Benefits can support families and youth living with disabilities & chronic medical conditions. The Maine Department of Health and Human Services website offers a list of agencies that can help you determine your eligibility for these services. Website: https://www.maine.gov/dhhs/ocfs/cbhs/provider-list/home.html	
MaineCare Section 92 BHH Services for Youth	This benefit provides community-based care coordination and case management services. To be eligible for these youth services, a person must meet these requirements: 1) Be under the age of 21 years old 2) Have a diagnosis of Serious Emotional Disturbance 3) Meet medical & financial eligibility requirements through MaineCare Website: http://www.maine.gov/sos/cec/rules/10/ch101.htm

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.
Contact: qcforkids@qualidigm.org
Rev. 10/21/19

Resources for Families and Youth in Maine with Special Healthcare Needs

MaineCare Section 21 & 29 Residential and Community Services	This benefit provides housing and/or community-based services. To be eligible for these services, a person must meet these requirements: 1) Be age 18 or older 2) Have an intellectual disability or autism spectrum disorder diagnosis 3) Meet medical and financial eligibility requirements through MaineCare Website: http://www.maine.gov/sos/cec/rules/10/ch101.htm
MaineCare Section 13 Targeted Case Management	This benefit provides community-based care coordination and case management services. To be eligible for these services, a person must meet these requirements: 1) Be age 21 or younger 2) Have a developmental disability or a chronic medical condition 3) Meet medical and financial eligibility requirements through MaineCare Website: http://www.maine.gov/sos/cec/rules/10/ch101.htm

These additional resources and services can support you and your child with special healthcare needs as they transition to adult services.	
Benefits Counseling at Maine Medical Center	This resource encourages people with disabilities that work is possible. They offer information about ABLE Accounts and other programs that help individuals work and manage money. To be eligible for this service, a person must meet these requirements: 1) Be age 14 years or older 2) Receive Social Security Website: https://mainehealth.org/maine-medical-center/community/vocational-services/benefits-counseling
Disability Rights Maine	This is Maine's protection & advocacy agency for people with disabilities. This program represents people whose rights have been violated or who have been discriminated against based on their disability. Website: https://drme.org/contact
Exceptional Family Member Program of the US Military	This program is for military families that include a child with special needs. The program offers resources and information to help parents navigate medical and special education services, community support benefits, and entitlements. Website: https://efmp.amedd.army.mil/

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.
Contact: qcforkids@qualidigm.org
Rev. 10/21/19

NAMI Maine	This is an education & advocacy organization that is committed to the topic of mental illness. This resource provides accessible and useful information to those impacted by mental illness. Services include family education, training, and connection to respite services. Website: https://www.namimaine.org/

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.
Contact: qcforkids@qualidigm.org
Rev. 10/21/19

Supported Decision-Making:
A New Option for Transition Age Youth and Others with Disabilities

Stephen Meister, MD, FAAP, Developmental Pediatrician, MaineGeneral & President, Maine Chapter, American Academy of Pediatrics
Staci Converse, Esq, Managing Attorney, Disability Rights Maine

Introduction for Healthcare Teams

Adolescence is a critical developmental period of transition from childhood (dependence) to adulthood (independence). The American Academy of Pediatrics (AAP), American Academy of Family Physicians and the American College of Physicians agree that health care providers address transition planning by engaging youth and their families in developing self-care skills for an adult model of care, transfer care by identifying adult health care providers and ensuring a smooth handoff. This transition has been a challenge for many young adults, and this is even more-so for youth and children with special needs.

The question about guardianship is a common one for primary care practices as children with special health care needs start to make the transition to adulthood. In the past, full guardianship was the primary option for adults with developmental disabilities and other special health care needs who needed decision-making assistance. Supported Decision-Making is a new alternative to guardianship that is more appropriate for most adults and will be part of Maine's Probate Code (which includes guardianship law) in September 2019. It is important that health care providers understand SDM when advising families on guardianship.

What is Supported Decision-Making?

Supported Decision-Making (SDM) allows an individual with a disability to work with a team of chosen supporters and obtain needed accommodations to make decisions about his or her own life.

Supported Decision-Making Steps

1. **The person chooses a team** of people who will be involved in supporting them; including friends, family, and professionals.

2. **The person and their team talk about what support is needed** including decisions about finance, healthcare, and employment. There may be some areas where the person decides support is needed and not others.

3. **The person and their team create a plan** that outlines how the person will be supported in the areas of decision making. The person and the team sign the plan, making it a Supported Decision-Making agreement. The agreement can be revised as needed.

Funding: Development of this document was supported by the Maine DHHS through funding from the US CDC Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was developed Stephen Meister, MD, FAAP and Staci Converse, Esq.
Contact: QCforkids@mainequalitycounts.org
Revised 5/22/2019

Individuals with disabilities select people they know and trust—friends, family, and professionals—to be part of a support network to help with their decision-making in the areas in which they require help. These supporters help the individual understand the everyday situations and choices they encounter, explaining the pros and cons in a way that makes sense to the person with the disability.

This process enables an individual to make his or her own decisions, promotes self-determination and the person affected retains their fundamental rights. SDM builds on the natural supports in an individual's life and, in so doing, provides an opportunity for the individual to build decision-making skills. The presence of often more than one and sometimes several supporters (as compared to a single guardian) serves as an important safeguard against the potential for abuse.

Healthcare needs can be addressed using supported decision-making, for example[1]:

Healthcare Task	Supported decision-making options
• Taking Medications as needed • Maintaining hygiene and diet • Avoiding high-risk behaviors • Making decisions about medical treatment	• Use apps to help remember to take medication and perform hygiene tasks • Get documented advice from healthcare professions during office visits on prevention and safety • Allow home health aides to assist in daily living tasks • Use HIPAA release forms as needed • Obtain Healthcare Power of Attorney or Living Will

People who use SDM report that they experience greater community inclusion, improved decision-making skills, and increased social and support networks[2]. In contrast, people under a full guardianship order are more segregated from their communities—they are less likely to choose where they live, less likely to have a job in the community and less likely to have friends[3].

Maine's Supported Decision-Making Landscape

When Maine's new Probate Code takes effect in September 2019, it will require that less-restrictive alternatives, including Supported Decision-Making, be attempted before a probate court will consider granting a guardianship. The adoption of this new Probate Code shows that Maine is recognizing the importance of self-determination and that guardianship is to be used only when there are no other options. If a guardian is appointed, Maine law will require that a guardianship be limited to only those areas in which the individual needs assistance.

Maine is not alone; SDM has been gaining substantial momentum in the United States and internationally. In the U.S., SDM has been endorsed and promoted by the American Bar Association, the National Guardianship Association, and several federal advisory bodies and agencies, including the Department of Education, the Department of Health and Human Services, the National Council on Disability, and the Senate Committee on Aging[4,5].

While it is critical to discuss SDM with patients with developmental disabilities and other special healthcare needs who are approaching the age of majority (age 18) and their families, it is never too early to begin working

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.
Contact: qcforkids@qualidigm.org
Rev. 10/21/19

on supporting individuals to make their own decisions as a part of transitioning from dependency (childhood) to independence (adulthood).

Discussions about Supported Decision-Making should include planning for transition to adult health care. There are many resources for families considering Supported Decision-Making and other alternatives to guardianship and links to some of them are provided below.

Resources to Inform Families on Supported Decision-Making

- ***Disability Rights Maine (DRM)*** has produced an interactive SDM handbook and lists resources at: www.supportmydecision.org. DRM can be contacted at 1-800-452-1948 and their website is www.drme.org
- ***Maine Parent Federation (MPF)*** has parent navigators who are trained to work with individuals with disabilities and their families when they are interested in pursuing SDM. MPF can be contacted at: 1-800-870-7746 and their website is http://mpf.org/

References:

[1]Disabilities Rights Maine, 2019: http://supportmydecision.org/assets/tools/DRM-SDM-Handbook-Rev.-3.14.19.pdf

[2]Pell & Mulkern, Human Services Research Institute, Supported Decision Making Pilot: Pilot Program Evaluation Year 2 Report, at 31-34, http://supporteddecisions.org/wp-content/uploads/2016/11/Evaluation-Year-2-Report_HSRI-2016_FINAL-2-1.pdf

[2] National Core Indicators Project, Adult Consumer Survey data 2013-14, www.nationalcoreindicators.org

[3] National Council on Disability, Beyond Guardianship: Toward Alternatives That Promote Greater Self-Determination, March 2018, https://ncd.gov/sites/default/files/NCD_Guardianship_Report_Accessible.pdf

[4] Ensuring Trust: Strengthening State Efforts to Overhaul the Guardianship Process and Protect Older Americans, November 2018, https://www.aging.senate.gov/imo/media/doc/Guardianship_Report_2018_gloss_compress.pdf

Funding: Development of this document was supported by the Maine DHHS through funding from the Health Resources and Services Administration (HRSA) Maternal and Child Health Block Grant for the Developmental Systems Integration (DSI) Project. Content was created in collaboration with Dr. Jon Fanburg, Maine Medical Partners and DSI partners and adapted partially from Andover Pediatrics of Massachusetts.

Contact: qcforkids@qualidigm.org Rev. 10/21/19

Maine School-Based Health Centers

February 2019

Penobscot Community Health Center	RSU 75 Topsham	Services provided to youth who are enrolled as SBHC patients (based on parental permission) include: • Comprehensive health risk assessment and health counseling • Preventative care and screenings • Pregnancy testing and referral • Acute care for medical needs • Mental health services, including individual counseling, substance abuse treatment, and group counseling Some SBHCs (Calais, RSU 38, Portland) provide additional reproductive health services (including prescriptions for birth control) Based on availability, SBHCs may also offer access to dental care
103 Maine Ave Bangor, ME 04401 (207) 454-8262 (Lisa Bergmark, NP) • Brewer High School • Brewer Community School	50 Republic Avenue Topsham, ME 04086 (207) 795-2951 (Laurel Reever, NP, or Mary Booth) • Mt. Ararat High School	
City of Calais	Western Maine Health Care	
32 Blue Devil Hill Calais, ME 04619 (207) 454-8262 (Ann Skrillitz, Coordinator) • Calais Middle & High School	181 Main Street Norway, ME 04268 (207) 744-0322 • Oxford Hills High School • Oxford Hills Middle School	
Community Clinical Services	Greater Portland Health	
P.O Box 7291, Lewiston, ME 04243 (207) 755-3437 (Kristy Gelinas, Behavioral Health Coordinator) • Auburn Middle School • Edward Little High School • Lewiston High School • Lewiston Middle School	284 Cumberland Avenue Portland, ME 04101 (207) 838-5325 (Vaneesa Woodward, Coordinator) • Portland High School • King Middle School • Casco Bay High School • Deering High School	
RSU 38		
45 Millard Harrison Drive Readfield, ME 04355 (207) 685-4923 x1019 (Becca Reynolds, Coordinator) • Maranacook Community School		

Data-Focused Learning Collaborative Adolescent Well-Care Visit Resources

Transition to Adult Care

- **Got Transition** (https://www.gottransition.org/providers/index.cfm?)
  - Improve transition from pediatric to adult health care through the use of new and innovative strategies for health professionals and youth and families.

- **Qualidigm Youth Transition Change Package** (https://qualidigm.org/child-health-clinician-resources/)
  - A guide to transitioning patients from adolescent to adult care.

General Information

- **School-Based Health Alliance** (http://www.sbh4all.org/training/webinars/webinar-archive/)
  - A webinar archive that includes topics such as adolescent-focused motivational interviewing, teen brain development, maximizing community partnerships, building a team and engaging your partners, serving youth experiencing homelessness, and providing care for youth with non-binary gender identities.

- **Center for Medicare & Medicaid Innovation** (https://www.medicaid.gov/medicaid/benefits/downloads/paving-the-road-to-good-health.pdf)
  - Paving the Road to Good Health: Strategies for Increasing Medicaid Adolescent Well-Care Visits is s document for providers to improve well-care visits for adolescents.

Parental Guidance

- **Seattle Children's Hospital** (https://pulse.seattlechildrens.org/tweens-teens-and-young-adults-need-checkups-too/)
  - Tweens, Teens and Young Adults Need Checkups Too: Article geared towards parents that explains the importance of adolescent well-care and how to build stronger patient-doctor relationships.

Adolescent-Centered Care

- **NAHIC** (http://nahic.ucsf.edu/resource_center/toolkit-youth-centered-care/
  - A toolkit with descriptions and strategies for implementing adolescent-friendly health services.