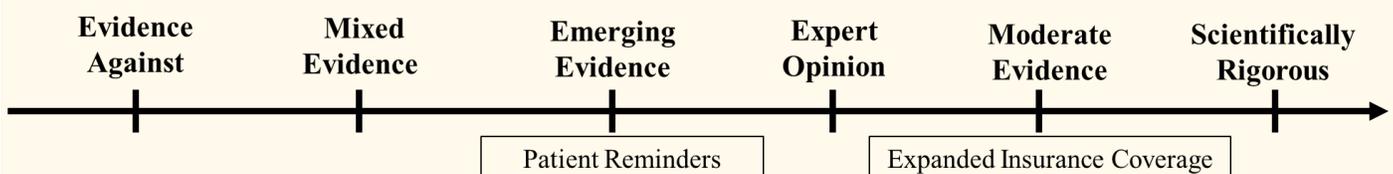


Strengthen the Evidence Base for Maternal and Child Health Programs

NPM 10: Adolescent Well Visit

The Adolescent Well Visit is one of fifteen MCH National Performance Measures (NPMs) for the State Title V Block Grant program. The goal is to increase the percentage of adolescents, ages 12 through 17, who received a preventive medical visit in the past year. Adolescent well visits should be comprehensive and address physical, emotional, and social development. This brief identifies evidence-informed strategies that State Title V programs might consider implementing to address NPM 10.

The evidence review categorized interventions along an evidence continuum from *Evidence Against* (least favorable) to *Scientifically Rigorous* (most favorable). Interventions that are characterized by *Emerging Evidence* or more favorable ratings are considered evidence-informed. *Moderate Evidence* was identified for “Expanding Insurance Coverage” and *Emerging Evidence* was found for “Patient Reminders”. An evidence rating was not assigned to “School-Based Health Centers” due to the limited number of studies assessing this strategy; however, the two studies identified yielded favorable results.



This review was conducted as part of Strengthen the Evidence Base for Maternal and Child Health Programs, a Health Resources and Services Administration-funded initiative that aims to support states in their development and implementation of strategies to promote the health and well-being of MCH populations in the United States. The remainder of the brief summarizes the approach to the review. The full review may be found at <http://semch.org/evidence-reviews.html>.

The American Academy of Pediatrics recommends that adolescents ages 11-21 receive an annual preventive medical visit to promote healthy behaviors and prevent the onset of disease.¹ This recommendation has been endorsed by the American Medical Association,² the American Academy of Family Physicians,³ and the American College of Obstetricians and Gynecologists.⁴ According to the 2016 National Survey of Children’s Health, 79% of adolescents had a preventive medical visit in the past year.⁵

METHODS & RESULTS

Peer-reviewed studies were identified by searching three online databases. Thirteen peer-reviewed studies and 2 gray literature sources were included. Studies were categorized into 3 groups based on their primary intervention and target audience: “School-Based Health Centers,” “Patient Reminders,” and “Expanded Insurance Coverage.” Examples of each intervention and its evidence rating are shown below.

Target Audience	Intervention	Example(s)	Evidence Rating
Patient/ Consumer	School-Based Health Centers	Partnership between a primary care clinic and local school-based health centers	—
	Patient Reminders	Navigator program with telephone and mailed reminders, and transportation assistance	Emerging Evidence
Payer	Expanded Insurance Coverage	Enrollment in the Children’s Health Insurance Program for at least one year.	Moderate Evidence

— indicates insufficient number of studies to assign evidence rating or outcome

Interventions identified from both peer-reviewed and gray literature (e.g., technical reports supported by data) were placed along an evidence continuum to reflect whether they were: *Evidence Against, Mixed Evidence, Emerging Evidence, Expert Opinion, Moderate Evidence, or Scientifically Rigorous*. Specific criteria for both study type and study results informed the designation of the level of evidence for each intervention. Interventions with fewer than four studies were not placed on the continuum.

KEY FINDINGS

- Expanded insurance coverage appears to be effective.
- Patient reminders appear to be somewhat effective.
- There is insufficient evidence of the effectiveness for school-based health centers in increasing the percentage of adolescents with preventive medical visits.

IMPLICATIONS

- Title V efforts to support insurance outreach and enrollment (e.g., website information, hotlines, enrollment navigators) and patient reminders (e.g., educational resources and training for health care providers) may contribute to increased receipt of preventive visits by adolescents.
- Ongoing evaluations of national initiatives, such as the Adolescent and Young Adult Health Collaborative Improvement and Innovation Network (AYAH CoIIN), and state efforts may expand the evidence base of strategies to support continued improvements of this NPM.
- Sustained investment in evaluations of patient, provider, and payer approaches is essential for expanding the evidence base of strategies to improve receipt of preventive medical visits by adolescents.

Stephanie Garcia, Christina Yarborough, Danielle Pelaez, Donna Strobino, Cynthia Minkovitz

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JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

**Department of Population,
Family and Reproductive Health**
Women's and Children's
Health Policy Center

615 N. Wolfe Street | Baltimore, MD 21205
Phone: 410-502-5450
Email: sgarci22@jhu.edu | Web: <http://www.semch.org>