
BARRIERS to increasing adolescent and young adult (AYA) well-child exams

Increasing adolescent well-child exam rates is a genuine challenge for clinics. Parents and adolescents may not see the value in well-child exams. And adolescents typically won't make these appointments themselves and come in independently for a check-up. There are issues with access, as sometimes it can take months to get in for a well-child exam, which is frustrating for families.

STRATEGIES for adolescent risk screening

Provide education for parents and families.

- Provide information for families detailing what happens in the well exam. [Here](#)¹ is an infographic from the Adolescent & Young Adult Health National Resource Center that includes key points about the value of well-visits for parents of AYA.
- Explain why it is important to do appropriate risk screening. [Here](#)² is an AAFP article discussing why risk screening is important.
- Discuss the importance of counseling on healthy behaviors, catching people up on immunizations, and the need for appropriate screening labs for some patients.

Send reminders to parents, AYAs, and families.

- Have automatic mailings, texts, emails, or calls reminding patients to make appointments for yearly check-ups.

Change your scheduling paradigm.

Adolescents don't often come in for a yearly well exam, but they are usually seen at least once a year for an acute visit. Therefore, have systems in place where that acute visit can be changed to be acute/well visit whenever possible.

- Train the schedulers/call center/front desk staff to schedule a well visit instead of acute visit when possible.
 - When an adolescent or parent calls, if the AYA hasn't been seen for a well visit in the past year and does not have one scheduled, a prompt can come up in your scheduling system that tells your scheduler to schedule the appointment as a well visit instead of an acute visit.
 - This can be tricky with timing, but can happen if they have room for an extended visit during that time slot, or if you have the capability to have a little bit of wiggle room in your schedule to accommodate a well visit in an acute spot.
- Schedule a future well exam at the same time you schedule an acute appointment.

Use your EHR as a tool to increase well-child rates.

- Providers can have a prompt that reminds them that the patient is due for a well exam, and they may be able to transition an acute appointment into a well visit upon seeing that cue.

Do a well-child exam for sports physical visits.

- If you see a patient who is scheduled for a sports physical who hasn't had a well visit, the sports physical should be rolled into a comprehensive well exam whenever possible.
 - It's very rare for an adolescent to have cardiac issues, but it's very common to get chlamydia or have depression, and so providers should focus in issues that have significant morbidity for AYA patients.
- Sports physical season is an excellent time to capture young people who need well exams, but it also requires an office to be very facile about accommodating a large number of patients for these visits. Some strategies to consider include adding a Saturday clinic or evening clinic just for well visits during sports physical season.
- We don't want patients doing mass screenings in a gym setting or going to an urgent care to get their sports physical. We want them coming to their medical home to get a comprehensive well exam. We need to be able to accommodate those, and quickly, during sports physical season

Partner with school-based health centers (SBHCs).

- Communicate with patients who are due for a well exam about visiting their/a local SBHC for this service.
 - SBHCs are almost always staffed with a Nurse Practitioner who can complete the well exam. SBHCs often also have a Social Worker on site who can offer additional behavioral health support. Find and connect with SBHCs in your area.
 - If you and the SBHC use a shared EHR, you can pull reports of patients who have been seen at both sites. Care coordinators can help patients coordinate care between PCPs and SBHCs and ensure that care is provided across the continuum.
- PCP payment may hinge on meeting quality measures including well-child exams, and it doesn't matter where the patient gets the physical, so creative partnerships may improve your bottom line.
- Read the [AAP's Policy Statement](#)³ on SBHC/PCP collaboration.

ADDITIONAL RECOMMENDATIONS

- The NAHIC has a helpful [summary](#)⁴ of recommended guidelines for clinical preventive services for young adults (18-26). This can be helpful and easily referred to during clinical practice.

¹ <http://nahic.ucsf.edu/wp-content/uploads/2018/01/Full-customizable-package.pdf>

² <http://www.aafp.org/afp/2012/1215/p1109.html>

³ <http://pediatrics.aappublications.org/content/129/2/387>

⁴ <http://nahic.ucsf.edu/yaguidelines/>