



## How to Use Public-Private Partnerships to Strengthen Adolescent and Young Adult Health Care

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### News You Can Use

❖ A new report was released in July 2016 on *Advancing Health Equity for Native American Youth: Workshop Summary*. This report stems from a workshop that convened leaders from academia, health care, government, industry and professional organizations to discuss issues related to health disparities and the development of programs and strategies to improve health equity for Native youth. Click [here](#) for a free download of this report.

### Greetings from the Adolescent and Young Adult Health National Resource Center (AYAH Center)

Your friends and colleagues are pleased to be sharing our monthly newsletters with you. Throughout the year, we will use this newsletter to:

- Provide information about trending topics in adolescent and young adult health and health care
- Share our resources, including resources from the Collaborative Improvement and Innovation Network (CoIIN)
- Keep you up-to-date about upcoming events related to adolescent and young adult health and health care

To subscribe to the newsletter, email Karissa Charles at [kcharles@amchp.org](mailto:kcharles@amchp.org). We welcome your ideas and feedback, and you are free to unsubscribe at any time.

### From the Experts

Improving health care delivery and outcomes for adolescents and young adults can be greatly enhanced through formal collaboration among public- and private-sector stakeholders who share these interests. The AYAH Center provides leadership for the AYAH Collaborative Improvement and Innovation Network (CoIIN), through which five states are engaged in implementing evidence-informed strategies to increase adolescents' and young adults' access to preventive health care visits and to improve the quality of these visits. This work lends itself well to partnerships between public health and health care professionals who deliver primary care services to the AYAH population.



One model with demonstrated success in health care improvement is the Improvement Partnership (IP), defined as "a durable regional collaboration of public and private partners that uses measurement-based efforts and a systems approach to improve the quality of [children's] health care."<sup>1</sup> Using the science, tools and methods of quality improvement (QI), IPs facilitate state-based population health improvement efforts by assisting with implementation of evidence-informed care. They succeed by bringing together key players from across the health care landscape including health care professionals (HCPs) and organizations, state government agencies and programs (including public health





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### Save the Date

❖ [Council on Linkages Between Academia and Public Health Practice](#)

Aug. 15, 2016. Virtual.

1-3:00 p.m. EDT

Join the Council on Linkages Between Academia and Public Health Practice to learn about the Council on Linkages' Strategic Directions for 2016-2020 as well as activities related to [Healthy People 2020](#), the [Academic Health Department Learning Community](#) and the [Core Competencies for Public Health Professionals](#).

❖ [Practical Application of the Updated PHAB Guide](#)

Aug. 17, 2016. Virtual.

1-2:30 p.m. ET

Learn more about the Public Health Accreditation Board (PHAB) process, key updates that have been made to the guidance and common pitfalls to avoid while applying.

identifying an institutional home for the program (e.g., university/academic health center, professional organization or health department). A structured planning and development process is used to determine components such as staffing and resource needs and funding sources. A practical guide to creating an IP (*Establishing a Child Health Improvement Partnership: A How-To Guide*) is available [here](#).

While IPs are not the only successful model for this type of public-private partnership, they have a demonstrated track record of improving the delivery of preventive health screenings and services. They provide the skills and structure needed to support HCPs in improving care delivery. By convening disparate stakeholders aligned around desired outcomes and solutions, they support the translation of public health priorities into actionable improvement aims and demonstrable results at the practice level.

<sup>1</sup>[https://www.uvm.edu/medicine/nipn/documents/EstablishingaChildHealthIP-AHow-toGuide\\_000.pdf](https://www.uvm.edu/medicine/nipn/documents/EstablishingaChildHealthIP-AHow-toGuide_000.pdf)

<sup>2</sup>Kilo CM. A framework for collaborative improvement: lessons from the Institute for Healthcare Improvement's Breakthrough Series. *Qual Manage Health Care*. 1998;6:1-13.

<sup>3</sup>Shaw JS, Norlin C, Gillespie RJ, Weissman M, McGrath J. The National Improvement Partnership Network: State-Based Partnerships That Improve Primary Care Quality. *Acad Pediatr*. 2013;13:S84-S94.



For more information about these resources, contact Wendy Davis, at [Wendy.Davis@med.uvm.edu](mailto:Wendy.Davis@med.uvm.edu).



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### Save the Date

❖ [ASTHO 2016 Annual Meeting and Policy Summit](#)

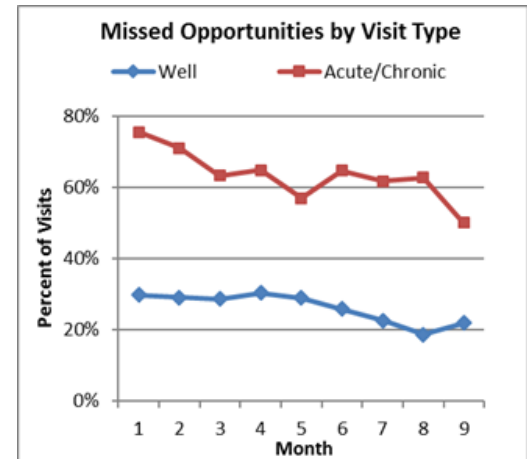
Sept. 20-22, 2016.  
Minneapolis, Minn.  
Leaders in public health or health care are invited to address strategic public health and leadership issues in partnership with state, territorial and federal agencies; academic institutions and healthcare facilities; industry executives; and leaders from Association of State and Territorial Health Officials (ASTHO) affiliates and other public health organizations.

❖ [American Public Health Association Annual Meeting and Expo](#)

Oct. 29-Nov. 2, 2016.  
Denver, Colo.  
Registration and housing open 6/1/2016.  
Be part of APHA's 2016 Annual Meeting and Expo, which brings together more than 12,000 of your peers from across the U.S. and around the world to network, educate and share experiences.

### Case Study: Improving HPV Immunization Coverage

National human papillomavirus (HPV) immunization rates have stagnated, with only **39.7 percent** of girls and **21.6 percent** of boys 13-17 years old receiving the complete 3-dose series in 2014. These rates fall far short of the Healthy People 2020 goal of **80 percent** coverage. Furthermore, HPV is by far the most common sexually transmitted disease in the U.S. and is responsible for virtually all cervical cancers, as well as over 50 percent of vulvar, vaginal, anal and oropharyngeal cancers. Public health leaders recognized that this gap could not be impacted solely by the public health sector; clinical practices would need to be engaged to make changes. A cooperative agreement from the CDC, *Improving Immunization Rates and Enhancing Disease Prevention through Partnerships with Providers and National Organizations that Focus on Health*, was a novel funding opportunity that linked public health and primary-care practices in addressing the gap in HPV vaccination rates.



The National Improvement Partnership Network (NIPN) and the Academic Pediatric Association (APA) collaborated on this national initiative to improve adolescent HPV immunization rates. This project, which united the dual strengths of NIPN and APA, a national leader in immunizations delivery research, included the coordination of a HPV Virtual Learning and Improvement Network to provide the infrastructure to support practice-based quality improvement in participating practices. NIPN recruited Improvement Partnerships (IPs) from its national network, which worked locally to recruit clinical practices to participate in the multistate virtual learning collaborative to improve HPV vaccination rates. With multiple CDC-funded national HPV-related initiatives happening concurrently, recruitment was challenging as there was overlap in reach. However, many states took the project as an opportunity to coordinate their efforts around HPV vaccination and prevention of HPV-related diseases. In the states recruited to participate in NIPN's learning collaborative, activities were integrated with the work of the Assessment Feedback Incentive eXchange (AFIX) program (VT), Office of Cancer Control and Prevention (NJ) and Comprehensive Cancer Programs (IA).

Practices recruited to participate in the QI intervention received training in QI methodology and implemented evidence-based practice changes to increase





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immunization rates and reduce missed opportunities for HPV vaccine administration. Through monthly Learning Collaborative calls, feedback reports and guidance, practices progressed towards communicating strong HPV vaccination recommendations and achieving improved coverage rates. Participants were also able to seek Part IV Maintenance of Certification (MOC) credit from the American Board of Pediatrics and the American Board of Family Medicine.

Preliminary data from the first cohort of the project shows a reduction in missed opportunities for both well-visit and acute visits, and for males and females. Analysis of the post-project data will identify if this translated into an increase in initiation and completion of the 3-dose HPV series. The early results suggest that a multi-state virtual learning collaborative is an effective format for quality improvement in primary care settings.



For more information about these resources, contact Rachel Wallace Brodeur, at [rachel.wallace-brodeur@med.uvm.edu](mailto:rachel.wallace-brodeur@med.uvm.edu).

### Latest Resources from AYAH Center



Check out AYAH Center's resources on public-private partnerships!

- ***[Establishing a Child Health Improvement Partnership: A How-to Guide](#)*** (NIPN) is a complete guide on establishing a regional collaboration of public and private partnerships to improve the quality of children's health care ("Improvement Partnership"). This includes information on creating a plan, cultivating successful partnerships, obtaining financial support and forming an advisory group. This resource also provides lessons learned from nine states that have implemented the Improvement Partnership approach.
- ***[System-wide interventions to improve access and quality of care for AYAs in California](#)*** (NAHIC) is a PowerPoint presentation on three interventions conducted by University of California San Francisco (UCSF) with Kaiser Permanente, Medicaid-Managed Care and Plumas County. These interventions focused on increasing screening and counseling across six risk areas and receipt of well-visits among adolescents.



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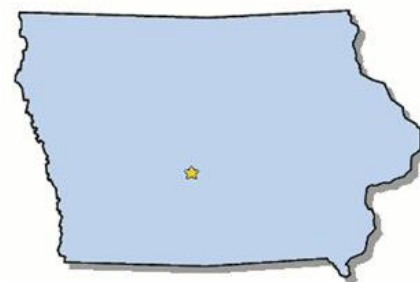
### CoIIN Corner



Stay informed with our state-by-state CoIIN updates!

#### Iowa

The Iowa team has been busy this summer looking at ways to not only improve the experience of the clinical visit for youth, but how to also increase utilization of preventive services by revamping the marketing of the Adolescent Well Visit. It established a partnership with the Iowa High School Athletic Association (IHSAA) to promote the well-visit to youth, parents and school administrators. Team leads Addie Rasmusson and Mary Greene met with the IHSAA Executive Director earlier this summer. Furthermore, several MCOs have expressed interest in the CoIIN work and learning how to leverage these efforts to increase the utilization of AWV for their AYA patients. In the clinic demonstration sites, staff is exploring ways to create more youth-centered facilities based on their recent environmental assessments, as well as ensuring its providers are knowledgeable about confidentiality policies for minor patients.



#### Mississippi

The Mississippi CoIIN team is creating health care literacy events for students at the Lanier High School SBHC. The goal is to guide youth to become savvy health care consumers. The first session in the series will help youth understand health insurance and how to use it. It will be launched this month (August). The CoIIN team is also bringing together Medicaid staff with Lanier clinic staff to identify billing practices that help the clinic maximize reimbursement for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) visits. This information will be packaged into simple quick trainings that the CoIIN team will pilot with Lanier clinic and share with other clinics. Finally, the CoIIN team is partnering with the AYAH-NRC to plan a site visit and key stakeholder meeting to fine-tune plans to scale-up the Lanier clinic QI pilot to others across the state.





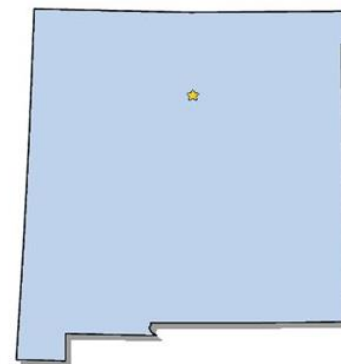
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### New Mexico

Envision NM (a ColIN partner) is launching the [Adolescent Health Initiative](#), a tele-ECHO series focusing on core topics in adolescent health. Developed primarily for direct service providers, the Telehealth series will cover best practice care for adolescents including:

- Basic concepts in adolescent health and development.
- Effective communication.
- Laws, policies and quality standards.
- Clinical care of adolescents with specific conditions.

The series is offered in two parts: A Medical Care Series (starting 8/31/2016) as well as a Behavioral Health Focus (starting 1/25/2017). CME/CEU credits are available.



### Texas

The three project test clinics have begun their provider training using Texas Health Steps Online Provider modules ([www.txhealthsteps.com](http://www.txhealthsteps.com)) pertinent to adolescent health. There were 13 modules that the Texas AYAH ColIN team identified as appropriate and necessary for providers looking to work with youth. Texas has also developed a youth “tour” survey to help clinics become more adolescent-friendly. With the recent establishment of Youth-Adult Councils, each site will have youth who can provide input through these surveys.



### Vermont

The Vermont ColIN team collaborated with the Vermont Youth Advisory Council (YAC) to conduct a simulated site audit in preparation of August visits at Vermont clinical sites. YAC members were taught about different components of site visits, as well as of their importance in the context of assessing for adolescent-friendly care. Additionally, the Vermont ColIN team is teaming up with the Wisconsin Providers and Teens Communicating for Health (PATCH) Program to develop a training module for a pilot project this upcoming fall. This project will focus on bridging the communication gaps between adolescents and health care providers.





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### From the MCH Community



Check out these state examples, guidebooks, and studies on public-private partnerships!

- [\*Michigan Creates New Ways to Promote Flu Vaccine to College Students and Young Adults\*](#) is a publication from the Association of State and Territorial Health Officials about Michigan's effort to improve young adult vaccination rates through a partnership with community colleges and universities, social media campaigns and a flu vaccine competition (tapping the fun of school rivalry). It's an interesting case study on how to reach young adults with messages about health care.
- [\*Arizona Immunization Program Office Collaborates with The Arizona Partnership for Immunization to Increase HPV Vaccination Rates\*](#) is a publication from ASTHO highlighting AZ's public health-health care partnership focused on increasing youth vaccination rates. The state used a teen award to recognize providers/clinics that achieve a 90 percent HPV vaccination rate. It provides a good case study that might be adapted or modified to include the adolescent well-visit.
- [\*North Dakota Transitions Healthcare Providers to Using Bright Futures Screening Tools\*](#) is a publication from ASTHO about North Dakota's effort to adopt Bright Futures as the clinical guidelines for public health and private health care providers.
- [\*Integrating Public Health and Health Care: Getting Beyond the Theory\*](#) is an issue brief that highlights practical approaches state agencies can implement to integrate public health and health care delivery.
- [\*Transforming Adolescent Care Learning Collaborative \(TALK\)\*](#) aims to increase the rate of adolescent well-care visits in primary care by improving office reminders, leveraging missed opportunities and exploring how adolescents and their families view their health care, and improving rates of HPV vaccinations. It's managed through a partnership between the Ohio Chapter, American Academy of Pediatrics and Ohio United Healthcare Community Plan.
- [\*Case Studies in Collaboration: Moving Forward in Adolescent STD Prevention\*](#) is a YouTube presentation on a collaboration between Minnesota health plans and public health to increase adolescent Chlamydia screening and treatment through provider training and outreach to consumers. This effort resulted in a Chlamydia Screening Provider Toolkit located [here](#).





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- [Adolescent Health Working Group \(AHWG\)](#) is a coalition of youth, adults and representatives of public and private agencies whose mission is to advance the health and well-being of youth and young adults in San Francisco.
- [How are CHIPRA Quality Demonstration States working to improve adolescent health care?](#) In 2010, the Centers for Medicare and Medicare Services awarded 10 grants across 18 states to improve the quality of health care for children and adolescents in Medicaid and CHIP. This evaluation describes barriers these states encountered in their efforts to improve care for this population, identifies strategies to address these barriers and offers suggestions on future actions that states could take to enhance health care for this population.
- [Using the Community Guide for Community Health Improvement](#) is a webinar that the Public Health Foundation and Association for Community Health Improvement hosted in March 2016 that discussed the guide to Community Preventive Services developed by the Community Preventive Services Task Force and how the resource can enhance health improvement efforts in your community.
- [Social Determinants of Health: Know What Affects Health](#) is a CDC webpage that houses a collection of programs targeting social determinants of health through cross-sector partnerships such as housing, education and transportation to have a larger impact on health in communities.

### Upcoming Newsletter Issue



Stay tuned for our upcoming issue!

[\*Models to Promote Sexual Health Practices for Adolescents and Young Adults\*](#)