Improving Systems of Care for Youth and Young Adults through the ACA

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. We welcome your ideas and feedback, and you are free to unsubscribe at any time.

From the Experts

The 2010 Patient Protection and Affordable Care Act (ACA) is providing opportunities bringing ways to improve the delivery of health care to adolescents and young adults (AYAs). NAHIC, an AYAH Center partner, created two reports on how the ACA can help AYAs: the first describes ACA provisions related to insurance and benefits, particularly preventive services for AYAs; and the second describes how the ACA can help three populations that face significant barriers to quality care: homeless youth, youth leaving foster care and youth in the juvenile justice system.

A new AYAH Center report presents best practices to leverage opportunities under the ACA to improve AYAs’ access to and receipt of quality preventive services. Led by NAHIC, the AYAH Center interviewed 27 state and local leaders, including Title V personnel, in seven “top performing” states to identify best practices.

- Working in partnership was a key feature in efforts to expand health insurance in all seven states. The City of Houston Health and Human Services Department, for example, formed the Enroll Gulf Coast partnership in 2013 to bring together 21 organizations to coordinate, network and streamline efforts to engage and enroll eligible populations in Harris County.

News You Can Use

- New federal Food and Drug Administration (FDA) regulations will prohibit the sale of all tobacco products to youth under age 18, including e-cigarettes, cigars, hookah tobacco and pipe tobacco.

- Funding Opportunity: Transitional Living Program Special Population Demonstration Project: LGBTQ Runaway and Homeless Youth and Young Adults Who Have Left Foster Care After Age 18. Applications due August 1, 2016.
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News You Can Use

- The Healthy Teen Network Evidence-Based Resource Center provides a step-by-step toolkit to use evidence-based approaches to support program and/or organizational outcomes. Access an overview of the 10-step framework here.

- Assets Coming Together (ACT) for Youth developed an informative brief on how youth work professionals (and parents) can promote growth mindsets among adolescents. To learn more, read Practice Matters: Encouraging Growth Mindsets.

Save the Date


- In some states, insurance initiatives focused on specific populations of youth. Non-profit organizations led efforts to enroll homeless youth (Illinois) and youth leaving foster care (California). AYAs can also benefit from efforts developed for a broader audience: Six states led campaigns to increase insurance coverage among all Latinos. Oregon, for example, worked with Spanish-language media and the Mexican and Guatemalan Consulates to promote health insurance enrollment among Latino and mixed-status families.

- To improve AYAs’ quality of care, states in our study promoted the medical home, a model of care supported by several ACA provisions. Barely half of adolescents received care in a medical home in 2007, with even lower rates among those with mental health problems. Medical home initiatives often involve quality improvement efforts and utilize electronic medical records (EMR) systems. Best practices identified in our interviews included helping clinics to establish confidentiality protocols and use standardized, evidence-based screening tools in areas such as sexual health, substance use and depression.

- Other state initiatives addressed quality by training clinicians on delivering preventive services, including offering Continuing Medical Education (CME) credits to contribute to their long-term educational goals. The “Latest Resources from the AYAH Center” section of this newsletter lists AYAH Center resources, including a menu of quality improvement measures for AYAs created by the National Improvement Partnership Network (NIPN).

Increasing insurance coverage and quality of care can create challenges to patient confidentiality. As more young adults secure insurance on their parents'/caregivers’ plans and more health plans and clinics use EMR systems, parents may be notified of sensitive services provided to AYAs. A report co-authored by the AYAH Center’s Claire Brindis presents strategies to address this challenge based on interviews with 37 experts. For this report and related resources about confidential care, please visit the AYAH Center’s Confidential Care page.

More tools and resources on the ACA are available here. For more information about these resources, contact Jane Park, AYAH Center Coordinator, at jane.park@ucsf.edu or Charles Irwin, AYAH Center Director, at charles.irwin@ucsf.edu.
Improving Systems of Care for Youth and Young Adults through the ACA

Latest Resources from AYAH Center

Check out AYAH Center’s systems improvement and ACA-related resources!

- **Adolescent and Young Adult Health Measures** (*NIPN*) is a set of standard process measures for assessing and tracking improvement within and among pediatric and family practices.

- **AYAH Collaborative Improvement and Innovation Network (CoIIN) National Strategies** (*AYAH-Center*) is a document developed with the first cohort of AYAH CoIIN states. It offers specific activities for each of the three overarching national strategies used to guide efforts to increase receipt and quality of the annual visit. The three broad strategies include: improve access and uptake of preventive services; improve quality of preventive services; and improve state/systems-level policies and practices.

- **The ACA and Access to Care for AYAs: Opportunities and Challenges to Improve Systems of Care** (*AYAH-Center*) offers presentations given by Center staff and partners on several topics related to the ACA and AYAs, such as: initiatives to increase receipt of preventive care; research on the ACA, insurance enrollment and receipt of services; EMRs; and new technology.

- **Health Reform and Adolescent Health** (*AMCHP*) is a fact sheet developed by AMCHP’s National Center for Health Reform and Implementation that highlights key ACA provisions that affect adolescents, such as coverage and benefits, expanded access to care and prevention and public health. With a focus on Title V’s role, this resource highlights strategies that state MCH programs and their partners can use to ensure that the law includes a focus on AYAs. It also provides resources from national organizations, including Maternal and Child Health Bureau, Office of Adolescent Health and American Academy of Pediatrics.

Save the Date

**Society for Adolescent Health and Medicine (SAHM)**
2017 Annual Meeting: Cultivating Connections.


Quick Links
- NAHIC
- AMCHP
- NIPN
- SAHRC
Improving Systems of Care for Youth and Young Adults through the ACA

- The ACA: A Working Guide for MCH Professionals (AMCHP) offers modules to help MCH professionals learn the basics of the ACA and its implications for Title V programs. The first three modules provide an overview of the ACA and its implications and the final three explain ways individuals can access health care coverage and explain the covered services. Each module includes a “Test Your Knowledge” quiz to help clarify what has been learned, a “Find Out in Your State” section with questions to delve deeper into the specifics for your state or territory, and resources for further exploration.

CoIIN Corner

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

Iowa

The Iowa team has been working both on the community-level and clinical fronts. Each of the three participating CoIIN clinic sites (from Blank’s Children’s Hospital, Trinity Muscatine Public Health and All-Care Health Center) completed their baseline scan using University of Michigan’s Health Systems Adolescent Centered Environment (ACE) assessment. They have prioritized areas of improvement and are putting individualized plans in place to address those opportunities. Also, four different focus groups (two with AYAs and two with parents/caregivers) have been completed as a way to gauge preferred content, communication modes and key messaging around the importance of the adolescent well-visit.

Mississippi

The Mississippi CoIIN state team is analyzing results from focus groups that it conducted with adolescents in a school-based health center and young adults in community colleges. One exciting find is that some participants are interested in longer-term engagement with this project. This could be the fledgling first step in the CoIIN team’s idea to create an advisory council made up of AYAs to guide youth health care improvement efforts.
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**New Mexico**

New Mexico examined Primary Care Association data from a subset of Community Health Centers. This snapshot of the Centers’ well visits indicated that those working in partnership with the Office of School and Adolescent Health (OSAH) to deliver school-based health services have a higher rate of well exams for youth and young adults ages 10-24. Centers that are not connected to school health showed significant lags in services. The New Mexico team identified the opportunity to promote well exams with these sites through training and general awareness of “missed opportunities” by demonstrating the benefits of improved population health outcomes and increased Center revenue.

**Texas**

The promotion and elevation of youth-centered clinical best practices is a key driver for the participating clinics on the Texas CoIN team. The Houston Health Department, the People’s Community Clinic (Austin) and the City of Laredo Health Department have been engaging in a number of quality improvement activities, including endeavors where youth take the lead in clinic tours. Both youth and health professionals have been using tailored versions of a survey to assess levels of youth-friendliness in areas such as accessibility, confidentiality, service delivery and physical environment.

**Vermont**

The Vermont CoIN has partnered with the largest insurance providers in Vermont, Medicaid and BlueCross BlueShield of Vermont, in a reminder-recall program for adolescent well care (AWC) visits. Every quarter, the insurers will send the pilot practices a Gap in Care report that gives the rate of AWC visits and lists all the patients who are due or overdue for an AWC visit. Practice will then use these lists to reach out to patients to schedule their next AWC visits. Pilot sites received their first quarter reports in May and are in the process of reaching out to patients.
Improving Systems of Care for Youth and Young Adults through the ACA

Check out CoIIN-related resources here!

• The Mississippi CoIIN state team partner, Mississippi First, created a guide on Mississippi’s confidentiality and minor consent laws as a tool to increase access to and use of youth-friendly health care.

From the MCH Community

Check out these state examples, guidebooks, and studies on improving systems of care and ACA-related topics!

• Providers and Teens Communicating for Health Program (PATCH), a Wisconsin-based teen-delivered educational program, strives to improve the ability of health care providers and teens to communicate effectively about sensitive health topics—such as sexual health, mental health, alcohol and drug abuse, and safety—thereby improving the quality of care. A recent research study demonstrated significant improvements among the program’s providers and teens in knowledge, self-efficacy and behavioral intentions to seek and provide quality sexual health care.

• The Impact of Racism on the Health and Well-being of the Nation, an archived 2015 webinar series by the American Public Health Association, focuses on racism’s impact on health and disparities. Slide files used in the presentations are also available.

• Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity, an issue brief from the Kaiser Family Foundation, provides an overview on the impact of social determinants of health and examples of state policies and strategies to address social determinants both within and outside of health care.

• The National Health Law Program (NHeLP) developed a series of issue briefs that review selected provisions in the Medicaid Managed Care final rule related to Health Equity, Grievance & Appeals Systems and Network Adequacy & Access. These briefs also include recommendations to help state advocates ensure implementation of these provisions in their states. In addition, NHeLP developed a fact sheet on how the ACA’s contraceptive coverage rule works by detailing plans subject to the requirement.
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- The National Academy for State Health Policy (NASHP) hosted a webinar in April 2016 that examined the state role in prohibiting discrimination under the ACA. Its panel of experts represented a wide range of sectors, such as insurance marketplaces, state departments of insurance, carrier and consumer advocates, and researchers. The panel discussed the impacts of non-discrimination requirements on insurance markets and questions regarding enforcement and concerns for meeting non-discrimination challenges.

Upcoming Newsletter Issue

Stay tuned for our upcoming issue!
How to Use Public-Private Partnerships to Strengthen Adolescent and Young Adult Health Care